



**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Implementation Advisory Committee
Meeting 3A Transcript (10:00AM – 1:00PM PT, December 20, 2022)**

The following text is a transcript of the December 20th meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Implementation Advisory Committee (IAC). The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework website to ensure accuracy.

The following meeting was conducted in a "hybrid" format, where presenters, IAC members, and members of the public were both present in-person at the Clifford L. Allenby Building, 1215 O Street, Sacramento, CA 95814 and able to join virtually via Zoom. The meeting transcript notes all comments delivered in-person and recorded via the in-room microphone as "John Ohanian," not differentiating between meeting attendees. CDII recommends reviewers seeking to know the exact speakers, review the full video recording of the meeting, also available on our website.

[Ethan K - Manatt Events] 13:00:52

Hello, and welcome to today's program my name is Ethan and i'll be in the background of answering any zoom.

[Ethan K - Manatt Events] 13:00:58

Technical questions. If you experience technical difficulties during the session, please set your question into the Q.

[Ethan K - Manatt Events] 13:01:04

And a section located at the bottom of your zoom.

[Ethan K - Manatt Events] 13:01:06

Webinar and and a producer will respond during today's live event closed.

[Ethan K - Manatt Events] 13:01:11

Captioning will be available. Please click on the Cc.

[Ethan K - Manatt Events] 13:01:14

Button at the bottom of your zoom window to enable or disable, I'm.

[Emma P - Manatt Events] 13:01:17

Only now covering the meeting participation. options. Members who are on site are encouraged to log in through their panelists link on zoom.

[Emma P - Manatt Events] 13:01:26

Members are asked to keep their laptops, video microphone and audio off for the duration of the meeting.

[Emma P - Manatt Events] 13:01:30

The rooms, cameras and microphones are broadcasting video and audio for the meeting.

[Emma P - Manatt Events] 13:01:34

Please email Jocelyn with any technical or logistical questions about on-site meeting participation. next slide.

[Emma P - Manatt Events] 13:01:43

Participants may submit comments and questions through the zoom. Q.

[Emma P - Manatt Events] 13:01:45

And a box. All comments will be recorded and reviewed by Iac.

[Emma P - Manatt Events] 13:01:49

Staff and participants may also submit comments and questions as well as request to receive data exchange, framework updates to Cdi. I.

[Emma P - Manatt Events] 13:01:55

At Chhs. Ca: Participants in Ic. members must raise their hand for zoom.

[Emma P - Manatt Events] 13:02:02

Facilitators to unmute themselves to share comments.

[Emma P - Manatt Events] 13:02:04

The chair will notify participants of appropriate times to volunteer feedback.

[Emma P - Manatt Events] 13:02:08

If you're on site and logged into zoom press raise hand in the reactions area and have selected to share your comment.

[Emma P - Manatt Events] 13:02:14

Please begin speaking, and do not unmute your laptop If you're on site and not using zoom physically.

[Emma P - Manatt Events] 13:02:19

Raise your hand and the chair will recognize you when it's your turn to speak.

[Emma P - Manatt Events] 13:02:23

If your website and logged into zoom, press raise hand in the reactions area, and if selected to share your comment, you'll receive a request to unmute, and if you logged in by a phone only today press star 9 to

[Emma P - Manatt Events] 13:02:32

raise your hand. Listen for your phone number to be called, and if selected to share. Please ensure your unmuted on your phone by pressing Star 6

[Emma P - Manatt Events] 13:02:43

Public comment will be taken during the meeting at designated times it will be limited to the total amount of time allocated.

[Emma P - Manatt Events] 13:02:49

The chair will call it in to be in the order in which their hands were raised, beginning with those in the room, and followed by those dialed in, are connected remotely through zoom.

[Emma P - Manatt Events] 13:02:57

Individuals will be recognized for up to 2 min, and are asked to state their name and organizational affiliation at the top of their statements.

[Emma P - Manatt Events] 13:03:04

And again, participants are encouraged to use the comment box to ensure all feedback is captured or email comments to Cdi.

[Emma P - Manatt Events] 13:03:10

I at Chs ca Gov. and Now i'll hand it off to John O'han.

[John Ohanian] 13:03:16

Thank you so much. Welcome, everyone. Thank you for joining us.

[John Ohanian] 13:03:21

Excited to welcome all of you to the first part of the third meeting.

[John Ohanian] 13:03:26

That the data exchange framework and implementation advisory committees, the holding during our time together we're privileged to be joined by our own secretary, Galley, who will be sharing a few

[John Ohanian] 13:03:35

remarks on calhs priorities as well, as the data exchange framework. we're then gonna be touching on several data exchange framework implementation priorities and programs.

[John Ohanian] 13:03:47

And let's start with a quick roll call

[John Ohanian] 13:03:53

Hello! Nolan! Alfred!

[Andrew Bindman] 13:04:01

Hey, Andrew Byman, I am present. Morning Joe Diaz

[Joe Diaz] 13:04:11

Present. Thank you. David Ford, I am present

[John Ohanian] 13:04:21

Erin good out President Lori. ha good morning.

[John Ohanian] 13:04:29

Present, right? Kate. President: Yeah. good morning. Oh, Kimzie present!

[John Ohanian] 13:04:41

Good morning morning, Lena Coupons

[Matt Lege (SEIU He/Him)] 13:04:47

Matlab Jay. Sorry that was J. good morning morning see I'm.

[Amie Miller] 13:04:53

A Collin morning. Amy Miller Present Oliver Rossi Present Right, Jonathan Russell.

[Jonathan Russell] 13:05:06

Good morning. Very Sanders present. Kathy settling McDonald.

[Cathy Senderling-McDonald, CWDA (Member)] 13:05:15

Hi! good morning, morning! One of our newest members, Brian Summers. hey?

[Ryan Sommers] 13:05:20

Good morning, Everyone present Excellent! and finally Felix soon.

[John Ohanian] 13:05:26

Good morning. Good morning, Excellent! So again Welcome everyone and i'm gonna hand it over to Secretary Golly for some opening remarks.

[Dr. Mark Ghaly] 13:05:37

Good morning, sir, hey? Good morning, John. Good morning, Everyone happy holidays, and hopefully everyone is finding themselves in their families.

[Dr. Mark Ghaly] 13:05:48

Healthy and well really appreciate the work that continues.

[Dr. Mark Ghaly] 13:05:54

With the Advisory Council I think we've been on this now long journey with lots of journey ahead.

[Dr. Mark Ghaly] 13:06:04

I'm really catching California up as we've talked about with other parts of the nation, and really allowing the benefits of the data exchange opportunities in California to be unleashed for the benefit of Californians across the

[Dr. Mark Ghaly] 13:06:21

state. we've talked quite a bit. about How this is not just about having the entities this systems work together to exchange data, but really to empower individuals and those who serve individuals in California with the power of the information

[Dr. Mark Ghaly] 13:06:41

that is really about them and their own health and social services.

[Dr. Mark Ghaly] 13:06:46

Journey. i'll remind you that our focus has not just been on health information, but on the collective information that's captured with those social determinants and the social services social needs of individuals.

[Dr. Mark Ghaly] 13:07:00

It's great to see our partners throughout State government throughout the county services.

[Dr. Mark Ghaly] 13:07:09

Networks, not just on the help but our social service partners as well, all converging together to deliver on this vision that I don't, I think, is unique in California.

[Dr. Mark Ghaly] 13:07:20

You know, California often focuses. on how we're unique and I think in this case we're not uniquely ahead of other states in data exchange.

[Dr. Mark Ghaly] 13:07:29

But I do think our focus on the broad set of data that impact impacts health and social, well-being is key to this entire conversation, and has been anchored in, you know, really the principles of the agency and the work.

[Dr. Mark Ghaly] 13:07:45

That many of you are doing, looking at unleashing the power of the data, making sure that we're anchored in equity, making sure that we're listening to the folks who have concerns and trying to address those

[Dr. Mark Ghaly] 13:07:58

concerns, and I think the work today especially is is a bit about that.

[Dr. Mark Ghaly] 13:08:03

First it is important to acknowledge the data sharing agreement and the intent.

[Dr. Mark Ghaly] 13:08:12

So good all eligible or required signers of that data sharing agreement to sign by the end of the next month January 30 first 2,023 that doesn't give us a lot of time I think

[Dr. Mark Ghaly] 13:08:27

it's 6 short weeks but we hope that we'll See what we've already started to see which is people asking good questions, making sure that everyone in their organization is that vocabulary moving towards signing and

[Dr. Mark Ghaly] 13:08:44

that's not just a requirement under the law, but I think really a requirement moving forward in the spirit and intent of this work to really make this an a tool that is available not just in the predictable places or the big systems but in every

[Dr. Mark Ghaly] 13:09:01

corner of California, so that those individuals who you might expect to last benefit from this effort are actually benefiting.

[Dr. Mark Ghaly] 13:09:13

At exactly the same time we recognize that, the signing of the the agreement is not the last step.

[Dr. Mark Ghaly] 13:09:19

Frankly. it's one of the early milestones in early steps, and there's so much other work to do.

[Dr. Mark Ghaly] 13:09:26

And so today's conversation is not just about the importance of that date, and that milestone.

[Dr. Mark Ghaly] 13:09:30

But really the important work that comes ahead be announcing some of the grants.

[Dr. Mark Ghaly] 13:09:35

Really the agent entities in and throughout California who can support those end users?

[Dr. Mark Ghaly] 13:09:45

Those facilities or practices, or independent providers who really need to do the hard work on the data sharing.

[Dr. Mark Ghaly] 13:09:55

But how do we make sure that not only are the questions answered, but some technical assistant and support is provided.

[Dr. Mark Ghaly] 13:10:03

And and then, of course, there are the ongoing conversations about the nitty, gritty, the policies, and the procedures ensuring that those who are expected to sign the agreement are not just signing in agreement blindly not

[Dr. Mark Ghaly] 13:10:17

just signing an agreement that they don't have some opportunity to ask questions and clarify points on because this agreement does no good.

[Dr. Mark Ghaly] 13:10:28

If we aren't able to implement it broadly and thoughtfully and intentionally in the purpose of supporting California's with this tool, so I think there's a lot of work to do today the milestone of

[Dr. Mark Ghaly] 13:10:43

January 31 is just one step in that work But I'm really proud to hear the updates from John and team feeling like we're making the kind of progress that we want to be making I'll just end by saying I know

[Dr. Mark Ghaly] 13:10:57

this isn't easy I know that we're pushing as we should for any hard and important piece of work that people aren't always comfortable with kind of the state they're being pushed out of their sort of

[Dr. Mark Ghaly] 13:11:11

traditions and the the place which is place of comfort on this issue.

[Dr. Mark Ghaly] 13:11:20

Some of you are in different places than others, and I think the intention of these conversations and the engagement that happens between these conversations is to provide a degree of comfort, information, and and support.

[Dr. Mark Ghaly] 13:11:35

So that we can all move in this important bowl direction with the kind of confidence I know that it will require.

[Dr. Mark Ghaly] 13:11:41

So John, I'll turn it back to you really appreciate a few minutes with the group, and a chance to reflect on where we've come, and certainly where we continue to need to go.

[John Ohanian] 13:11:52

Thank you so much. Thank you for joining us. You know your schedules very busy.

[John Ohanian] 13:11:57

I know that it. It means a lot to our group here, I and now we are going to get into the need of this roll of our sleeves and and take care of some business.

[John Ohanian] 13:12:08

So we can I We can freeze through because Secretary.

[John Ohanian] 13:12:12

A great job I think setting our vision for for what we're about. so maybe we can just go into some reinforcement of this vision this month.

[John Ohanian] 13:12:20

We're really fortunate to have to be joined by Jankey Patel, who's the division chief of surveillance, and response to the Department of Public health in San Bernardino county who would

[John Ohanian] 13:12:29

like to share a story about how data exchange made a difference.

[Jank Patel] 13:12:35

And Ky: Okay, Thanks. Hope i'm saying your name right you are Good morning.

[John Ohanian] 13:12:44

Everyone. My name is Good morning. My name is John K.

[Jank Patel] 13:12:47

Patel, and I am the division chief here at San Bernardino County Department of Public Health, and with me I actually have our program Manager Ms.

[Jank Patel] 13:12:56

Deanna Ibrahim and it was actually because of an idea that she had that we actually were able to get this off the ground.

[Janki Patel] 13:13:03

So i'd like to you know maybe just present a little bit.

[Janki Patel] 13:13:07

But if you have any actually questions related to the processes or or their experiences, i'm happy to i'd be happy to turn that over to Dna as well.

[Janki Patel] 13:13:19

Just because she she actually got this off the ground for us here in in our department.

[Janki Patel] 13:13:23

So really we Our team here ended up using manifest medics, which, of course, is a a free health exchange information platform, and what we found in in talking to Dna and talking with the team is that this really allowed us

[Janki Patel] 13:13:36

to enhance our care coordination for patients because oftentimes those of the patients that we work with often at risk.

[Janki Patel] 13:13:45

Whether that's pregnant mothers who are often expensing homelessness, You know they're they're often having a congenital syphilis issues we have which I believe is the reason we we got

[Janki Patel] 13:13:55

this program off the ground to begin with, we've been able to expand that to to work with some of our

[Janki Patel] 13:14:04

Our patients who are living with Hiv or have early syphilis.

[Janki Patel] 13:14:10

And what we have found is that by using manifest medics we've been able to really enhance our care, coordination, and communication internally within our Cds or communicable disease section and our clinical

[Janki Patel] 13:14:23

operation section, but also enhance the communication between our hospitals in the area that are part of the manifest medics system.

[Janki Patel] 13:14:31

And what we really found is that this tool allowed for notification? when a patient comes to the hospital or to the emergency room, and if their information was within a within the patient panel within manifestematics, our department actually received, a

[Janki Patel] 13:14:47

notification, and our staff was able to receive real-time. notification, and we're able to reach out to to those hospitals to potentially connect with our patients. and in that we found since I believe in November we

[Janki Patel] 13:15:01

we did our first experimental panel. Our nurses have been able to got notifications of 40 patients that had panels within the manifest medicine, and our rans were able to actually follow up with 30 of

[Janki Patel] 13:15:17

those patients, and that would not have been possible have you not had this kind of information data exchange information program in place. And so I really, what we found is that it's really enhanced the ability for us to connect with patients

[Janki Patel] 13:15:32

who would oftentimes fall through the cracks who you know present to the hospitals related to other issues, or, or, you know, related to the pregnancy we're related to potentially the congenital syphilis on

[Janki Patel] 13:15:44

diagnosis but we've actually been able to connect with them. Follow up with care, and and and connect with them, and and that's how we've used it, diana I'm not sure if you had anything else to

[Diana Ibrahim] 13:15:52

add, Everyone can hear me, Ray. I did just wanna add and emphasize the that care coordination piece.

[Diana Ibrahim] 13:16:01

So oftentimes like with these risky patients. they they come and present to their emergency room, and that's the only time that that person can get treatment for syphilis and their baby, and we've had cases where sometimes

[Diana Ibrahim] 13:16:15

the infant is released to foster. care. and our team has a really difficult time tracking down that patient, So if we're able to enter mean upstream that's where that's where the value is and

[Diana Ibrahim] 13:16:29

with our staff. we've also had a lot of product to be as well.

[Diana Ibrahim] 13:16:34

So they're able to do a lot more with their time

[Janki Patel] 13:16:40

And that's all we had are we appreciate the time to present.

[John Ohanian] 13:16:44

There's any questions we'd be happy to answer them thank you so much.

[John Ohanian] 13:16:49

But from the group really appreciate you coming and sharing your story, I think.

[John Ohanian] 13:16:55

Good. Everyone will hear a lot about the communication efforts that are going to be going out to encourage and educate potential signers required signers. And I think more than anything it's the stories and the impact that it can make that's gonna

[John Ohanian] 13:17:09

inspire people to to act on this so we really appreciate having those at the group that have things that they'd like to share.

[John Ohanian] 13:17:15

We'd love to hear from you as well so thank you for that. and we're gonna jump into our meeting objectives for the day and get to work if we can get to the next slide, please.

[John Ohanian] 13:17:28

Okay, So objectives for today. First we're looking to highlight, the launch of our data sharing agreement signing portal and the data extreme framework educational initiative grant Awards citing news there.

[John Ohanian] 13:17:41

We then are gonna jump into discussing the drafts of early exchange.

[John Ohanian] 13:17:44

Real time data exchange, technical requirements for exchange and California information blocking prohibition policies and procedures.

[John Ohanian] 13:17:55

We're then gonna jump into discussing core concepts of the Qh: I program.

[John Ohanian] 13:17:58

So, as you can see quite a bit on the agenda definitely digging in, so happy to have all you do here.

[John Ohanian] 13:18:05

Go to the next slide, please. Okay, So just for your ongoing reference here's our data exchange framework implementation timeline.

[John Ohanian] 13:18:13

We're going to be covering these dates in more detail during today's meeting, but just at a high level we think that one important implementation milestone that we'd like to acknowledge is that we

[John Ohanian] 13:18:22

launched the signing portal in November.

[John Ohanian] 13:18:25

It was an incredible effort of both staff consultants a great team that came together to to make that happen.

[John Ohanian] 13:18:34

And I just really appreciate all the effort that it took to do that, and how seamless the project launched.

[John Ohanian] 13:18:41

And that's really was critical since then we've seen a wide array of organization signing onto the data exchange framework, including hospitals ambulatory providers, small and and large urban and

[John Ohanian] 13:18:56

rural. So we are up to 63 signers as this morning, with another 28 better out for signature, and a couple of 100 folks have registered in the portal.

[John Ohanian] 13:19:07

So please get that word out and just to re appreciate our early signers, and then we're gonna jump in.

[John Ohanian] 13:19:15

You can see a little bit more. the chick rim is gonna dive in a little bit deeper into the signing portal in a few minutes, so we'll jump into that one.

[John Ohanian] 13:19:23

So if we can go to the next slide our ribbon.

[John Ohanian] 13:19:27

Okay, as you can see, we plan to take a deep dive into Grants and do hio.

[John Ohanian] 13:19:31

During our next meeting, and then we're gonna continue to discuss and provide updates on the data exchange framework implementation areas in our upcoming meetings with that I'd like to turn it over to juliet

[Juliette Mullin] 13:19:43

to give an update on the Grants program. Wonderful! Thank you, John.

[Juliette Mullin] 13:19:48

If we could go to the next slide, please, and we could go to the next slide.

[Juliette Mullin] 13:19:51

Great So before we dive into some brief updates around the Grant program. wanted to kind of ground everyone and reframe the Grant program for people that may not be as familiar with it.

[Juliette Mullin] 13:20:03

Cdi over the next 2 years will be administering 50 million dollars in funding to provide education, technical assistance.

[Juliette Mullin] 13:20:09

And Qh. I. onboarding support for signatories to help them in their work. To implement the data exchange framework. Add, Cbi is designing and implementing this program.

[Juliette Mullin] 13:20:20

There are 3 core program goals that really underpin all of the different design elements and implementation elements of the program.

[Juliette Mullin] 13:20:28

The first is in providing signatories with resources to address the critical, operational and technical barriers to data exchange framework implementation.

[Juliette Mullin] 13:20:36

So all of the different Grant domains really address. What are those major barriers?

[Juliette Mullin] 13:20:42

And how can we provide Grant funding to help address those barriers?

[Juliette Mullin] 13:20:45

The second core program goal is in prioritizing investments for signatories operating in under resource, geographies or serving historically marginalized populations and underserved communities.

[Juliette Mullin] 13:20:56

And so this is really core, and how we think about the administration of all of the grants, the scoring criteria and application processes.

[Juliette Mullin] 13:21:05

And then finally in across all domains of the Grant program.

[Juliette Mullin] 13:21:08

Cdi is looking to ensure alignment and filling funding gaps.

[Juliette Mullin] 13:21:12

Among other Federal and State Grant programs. So looking at where signatories have been able to access funding in the past, and where some signatories have not been able to access and funding in the past, and taking that into consideration, there are 3

[Juliette Mullin] 13:21:25

core Grant domains the educational initiative, grants the technical assistance grants and the Qh.

[Juliette Mullin] 13:21:30
lo onboarding Grants educational initiative.

[Juliette Mullin] 13:21:33
Grants are really designed to address a lot of what we heard in the listening sessions that we hosted in October to understand.

[Juliette Mullin] 13:21:41
Some of the major barriers and date exchange for work implementation and through the educational initiative Grant Cdi will be supporting a number of initiatives to provide educational activities to signatories across

[Juliette Mullin] 13:21:53
the state things like webinars boot camps etc and We'll talk about that more in just a moment.

[Juliette Mullin] 13:21:59
Technical assistance grants. I will provide funding to signatories directly to a secure technical assistance through vendors and other types of similar opportunities for technical assistance, and the Qh.

[Juliette Mullin] 13:22:10
I onboarding grants will focus on a specific type of technical assistance which is onboarding to a Qh.

[Juliette Mullin] 13:22:15
lo, that will help them meet their Dsa requirements.

[Juliette Mullin] 13:22:17
Next slide, please. So to provide a high level update across these 3 Grant domains.

[Juliette Mullin] 13:22:23
Secretary Galley spoke to this a little bit at the top of the hour as well.

[Juliette Mullin] 13:22:28
We on the Education Initiative, Grants Cdi intends to award funding to 8 initiatives, and we will share those on the next slide in just a moment.

[Juliette Mullin] 13:22:37
On the technical assistance, Grant side and the Qh. I.

[Juliette Mullin] 13:22:40
Onboarding grants. Cdi intends to open applications for those in early 2,023, with the goal of opening those in quarter one, and we will be discussing criteria for both of those grant domains in

[Juliette Mullin] 13:22:52
the lc. meeting of January. so stay tuned for a robust conversation about All of the key components of those Grant domains in January.

[Juliette Mullin] 13:23:01
Okay. could go to the next slide, please. So Secretary Galley spoke to this at the top of the meeting today.

[Juliette Mullin] 13:23:07

Cvi is really focused on ensuring that signatories across the State have the information that they need to be able to implement the data, exchange framework and meet their Dsa requirements by the the 2,000 and

[Juliette Mullin] 13:23:19

24 timeline, so that and Cdi intends to award grant funding for 8 educational initiatives, spending 13 associations.

[Juliette Mullin] 13:23:29

These 13 associations will be working together over the course of 2,023 to inform and train signatories across the State about data exchange framework, implementation activities will include things like webinars, boot camps, training

[Juliette Mullin] 13:23:41

toolkits, and similar types of educational activities to support signatories across the State.

[Juliette Mullin] 13:23:48

I Won't. read all of the organizations here, but as you can see, a number of associations have applied for and received or an received will be receiving funding to provide education across the State and Cdi looks forward

[Juliette Mullin] 13:24:04

to working with these organizations to support signatories of the course of 2,023.

[John Ohanian] 13:24:10

Don't hand it back to you, thank you very much, and I would like to now hand it over to We have a question from

[John Ohanian] 13:24:23

Cameron Democratizer. Okay, hey, Cameron, do you have that question or comment?

[Cameron Kaiser] 13:24:28

Yes, thank you. Just a a quick observation from the Public Health Department side.

[Cameron Kaiser] 13:24:33

It was nice to see the work that our our colleagues and San Bernardino County are doing.

[Cameron Kaiser] 13:24:38

I am getting a lot of questions from some of the other health departments about what level of involvement they need to to have for this, and obviously I'm in time, and it's encouraged.

[Cameron Kaiser] 13:24:47

But there are also health departments that run public health labs and have clinical operations, and it might be helpful to be more explicit about the scope.

[Cameron Kaiser] 13:25:00

That they need to be involved in this by this point with their providing care.

[Cameron Kaiser] 13:25:03

Do they need to sign up now? Does that just need to be that particular portion of the organization? or does it need to be the entire health department?

[Cameron Kaiser] 13:25:12

Same thing goes for the public health laboratory operations as Well, there's a lot of concern about this, and I think we've seen some questions similar to this in the qa that counties do not turn on a

[Cameron Kaiser] 13:25:22

dime. They don't even turn on a very large tire most of the time.

[Cameron Kaiser] 13:25:26

And this is, if we're going to be getting these arrangements through.

[Cameron Kaiser] 13:25:30

They need to start on it Now, even before these educational initiative grants actually start.

[Cameron Kaiser] 13:25:36

I think some some clarification onto what level of involvement is expected from them, based on what operations they have would go a long way.

[Cameron Kaiser] 13:25:43

And I think would also complement what Chiac is doing, as far as their involvement with the grants.

[Cameron Kaiser] 13:25:49

Thank you.

[John Ohanian] 13:25:54

Thank you, Cameron. this Jonah. definitely appreciate those comments.

[John Ohanian] 13:25:59

I think the the labs that are subject to ab 1 33 are, as you know, they're required to sign in January, and then the following year begin to exchange data.

[John Ohanian] 13:26:11

I think it's important important as you know to make it clear, especially to public health labs that are providing results to specimens that are received.

[John Ohanian] 13:26:26

To understand, like the full, their full requirements. it does feel like having some very specific Taylor technical assistance to them would really helpful

[John Ohanian] 13:26:38

And I feels like It's something that we can work on that's yeah setting up.

[John Ohanian] 13:26:43

I was gonna say camera and i'd love to follow up and and come up with a specific specific ideas around that and and get that going Excellent!

[Cameron Kaiser] 13:26:54

That that would be fabulous. thank you I can say from San Diego County's perspective that we're already looking at this, because we do have clinical operations and a public health lab that does do some outside resulting, but

[Cameron Kaiser] 13:27:04

particularly for smaller departments, who may not be as well. resource. This will be a major point of concern for them.

[Cameron Kaiser] 13:27:11

In fact, I think I see a a colleague with their hand up also.

[John Ohanian] 13:27:15

Hey? we're gonna go to feel like next

[John Ohanian] 13:27:52

May just have a historic gap in electronic data exchange or even electronic health record systems.

[John Ohanian] 13:28:00

Skilled nurse facilities come to mind like they are.

[John Ohanian] 13:28:04

It required secretary of a Dsa. and many of them, as as we know, you know, even if they aren't located in necessarily a health scarcity area.

[John Ohanian] 13:28:13

You know, our basically facing a steep pupil client in modernizing their phr systems and let alone beginning to share data.

[John Ohanian] 13:28:22

So it's just a suggest, maybe Add that to your brick or privatization. I apologize.

[John Ohanian] 13:28:28

I have feel it's muted I think for a few seconds of what you said, but I think that but do you want to respond at all.

[John Ohanian] 13:28:37

Thank you. Felix. Thank you. Cameron and Now, with that i'm gonna hand it over to Rim to give an update on the data sharing agreement implementation.

[John Ohanian] 13:28:47

Thanks, John, go on to the next slide, please, and the next slide.

[John Ohanian] 13:28:54

Just a few things real quickly review for everyone. The A. B.

[John Ohanian] 13:29:01

133 called out mandatory signatories for the data sharing agreement that included general acute care.

[John Ohanian] 13:29:09

Hospitals, physician organizations, medical groups, skills, nursing facilities, healthcare service plans and disability.

[John Ohanian] 13:29:15

Insurance includes, Medicaid managed care, plans, clinical laboratories to keep psychiatric hospitals.

[John Ohanian] 13:29:24

As John mentioned earlier, we have signatories for the Dsa.

[John Ohanian] 13:29:27

That covers most of these mandatory groups already today.

[John Ohanian] 13:29:30

The Just a note here that signatures are required on the Dsa.

[John Ohanian] 13:29:37

By January 30, first, 2,023, and that includes organizations that must begin sharing of helped him and social services. information.

[John Ohanian] 13:29:47

By January of 2024 as well as those that get have additional time to begin sharing until 2027.

[John Ohanian] 13:29:55

Let's move on to the next slide. please as was mentioned earlier The self service portal for signing the Dsa.

[John Ohanian] 13:30:05

Is up now and available. The link is here and is also in the slides.

[John Ohanian] 13:30:11

You can see on the Dx Web website. The process is that you register on the portal you fill in information about your organization and any subordinates that are part of that.

[John Ohanian] 13:30:25

And then the Dsa assigned electronically using adobe sign. let's move on to the next slide, and just in preparation for signing the Dsa.

[John Ohanian] 13:30:35

I'm gonna drop drop in the chat real quickly. the Url that you can go to on the data sharing.

[John Ohanian] 13:30:44

Excuse me the data exchange framework website at Cdi and obtain a copy of the Dsa.

[John Ohanian] 13:30:49

That was published in July, and the initial set of policy to procedures and recommend that people be reviewing those materials.

[John Ohanian] 13:30:57

Now don't wait until january to do that so you understand your obligations.

[John Ohanian] 13:31:03

We're also continuing to work on additional policies procedures.

[John Ohanian] 13:31:06

Some of them are presented at an earlier meeting of the Dsa.

[John Ohanian] 13:31:10

Subcommittee. some just last week we'll talk about some today.

[John Ohanian] 13:31:14

The those drafts will also be published on the website as part of the meeting materials, and after today's meeting based on the comments that we got last week, and this week we'll be scheduling the continuing discussion

[John Ohanian] 13:31:31

of those policies procedures when they'll be available for public. as you prepare to sign the Dsa, you should be thinking about who, within your organization is actually authorized to sign the Dsa.

[John Ohanian] 13:31:45

That's a decision that you need to make based on your organizational structure.

[John Ohanian] 13:31:51

The signing portal allows an organization to sign on behalf of subordinates.

[John Ohanian] 13:31:56

So, for instance, have an organization, has multiple hospitals or mobile labs, etc.

[John Ohanian] 13:32:01

You can sign one copy of the Dsa. for all of those.

[John Ohanian] 13:32:05

So you should be thinking about what subordinate entities might be included on the Dsa.

[John Ohanian] 13:32:08

When you sign it, and then there's certain information that you need collective out your organization and all of the subordinates, such as license, number or tax.

[John Ohanian] 13:32:23

Id for those organizations. Their addresses contact information for the person sign in etc.

[John Ohanian] 13:32:27

There are instructions on the data exchange framework website and in the portal about what information you need.

[John Ohanian] 13:32:42

There's also an Faq. with a large section of questions associated with signing the Dsa.

[John Ohanian] 13:32:50

And it also lists out in detail what information you need to.

[John Ohanian] 13:32:55

In order to sign let's go on to the next slide, please, and this just gives you a few of the available re

[John Ohanian] 13:33:11

Are available on the data Change framework website the signing portal.

[John Ohanian] 13:33:15

Url is included here in the slides again, and is also posted on the website.

[John Ohanian] 13:33:22

And there is a relatively extensive and growing Faq.

[John Ohanian] 13:33:25

For additional information on the data exchange framework, but specifically on the Dsa.

[John Ohanian] 13:33:32

And assigning portal. There are large number of questions there, upcoming in January.

[John Ohanian] 13:33:37

On the sixth we plan to have a signing Portal Town Hall to specifically address questions people may have, and signing the Dsa.

[John Ohanian] 13:33:48

Encourage people to attend that to get more.

[John Ohanian] 13:33:52

Their questions answered, and stakeholders do have any questions about the Dsa.

[John Ohanian] 13:33:58

The policies and procedures or the signing portal, are always free to send their questions to Cdi at Chhs dotcom.

[John Ohanian] 13:34:10

I see that David has his hand up, are there? Do you have question, David?

[David Ford] 13:34:19

Yeah, thank you. Would it be possible to go back to your first slide with the required list of signatories

[John Ohanian] 13:34:28

Backup and more this one. Thank you. in the So that in the meeting materials was the first time I saw this footnote down at the bottom.

[David Ford] 13:34:43

About additional guidance and roommate being needed for physician organizations and medical groups.

[David Ford] 13:34:50

It's a really important question, because as cma has started to push out information about the data change framework.

[David Ford] 13:34:57

Probably the number. one question we're getting is well what about in the hospital based practice.

[David Ford] 13:35:01

What about an lpa based practice you know what about what about what about?

[David Ford] 13:35:04

And there's all these different ways of physicians organize their practices.

[David Ford] 13:35:10

So I was just wondering, with that footnote if someone could talk a little bit about what guidance is coming.

[David Ford] 13:35:15

What's the timing for that guidance etc., etc.?

[John Ohanian] 13:35:21

I Don't know that I can shed in your life on what that guidance will be, and when it's going to be available.

[John Ohanian] 13:35:28

The Faqs currently provide all the guidance that we can give.

[John Ohanian] 13:35:33

At this point. and so I I point people to that.

[John Ohanian] 13:35:36

And then organizations need to think about The language in the Ab.

[John Ohanian] 13:35:43

133 what it calls out for mandatory signatories and and think about their own organization and determine what I don't know. if there's any other Joan Do you have anything you want to share Yeah, I

[John Ohanian] 13:35:57

I think so. Ab. 133 did not provide authorization to call hhs to further specify who is subject to the requirements. other than what's already in 81 33.

[John Ohanian] 13:36:09

So at this point we're kalohs has is is is in the process of considering how subsequent but registration can be moved to provide that authority to further specify those so we don't really

[John Ohanian] 13:36:30

have timing for that yet. I don't think but they didn't see that this is a big deal, but it's important.

[John Ohanian] 13:36:39

And is in the process of developing. some language.

[John Ohanian] 13:36:49

Provide that authorization where you had your hand up. Yes, I just had a question regarding the portal.

[John Ohanian] 13:36:56

Can can anyone see who signed for I I don't I actually, I don't believe that in the portal that is available.

[John Ohanian] 13:37:07

We will be both publishing the list of signatories data sharing exchange data exchange framework website. So it just sort of leads to some of the polls verify. sign But We don't know where to

[John Ohanian] 13:37:23

verify yet. Okay, Thank you. Yeah. Okay, or the town hall.

[John Ohanian] 13:37:33
Is that something that could be published in the Dhcs.

[John Ohanian] 13:37:36
Weekly Friday stakeholder news for like Placeholder Calendar, cause I think a lot of people see that, and a lot of folks should be driven towards that outside of even the Education and outreach books

[John Ohanian] 13:37:49
absolutely. I think I think there was a message last week related to this on that Dhcs weekly summary.

[John Ohanian] 13:37:57
So I think we're gonna continue to leverage that audience

[John Ohanian] 13:38:05
Hi! I have i'm just making on behalf of California Association of Public Hospitals.

[John Ohanian] 13:38:13
We had a meeting, and they share their concerns I think one of the things about how the agreement is structured is.

[John Ohanian] 13:38:22
It's more complex. the more complex of a organization you are Specifically, other press networks have a distinction between participant and implementer.

[John Ohanian] 13:38:36
For example, like fco, or carry quality, or what have you?

[John Ohanian] 13:38:42
Where then, participants at one set of obligations and implementers have a different, and then what flows down from implementer to participant is kind of more spelled out, and I I know you just said you don't have the

[John Ohanian] 13:38:53
authority to spell that out now, but i'll just say that's one reason why it's causing a lot of discussion on.

[John Ohanian] 13:39:04
Well, what can we do with this it's and it feeds into the question of therefore?

[John Ohanian] 13:39:11
Well, who has the authority to bind us because if you're having a physician group under you was connected, and then a lab under you that's connected and then yourself. that's connected and then you're all liable to

[John Ohanian] 13:39:26
let's say breach notification and this and that it's It's it's not clear at all, and I understand why it doesn't have the clarity answer just said but that's just one of the

[John Ohanian] 13:39:38
realities that's making it hard to figure out even who should sign

[John Ohanian] 13:39:46

And the other thing that has come up is innovative. Part of this full agreement is the broad data sharing, and we understand that and support that with social service agencies, since they are non-hippocovered entities that are not

[John Ohanian] 13:40:00

subject to the same privacy and security provisions that also is creating a little unclarity.

[John Ohanian] 13:40:08

And people are really consulting and saying, Well, are we able to sign this?

[John Ohanian] 13:40:15

Are we not so? I think you'll see that for at least complex organizations?

[John Ohanian] 13:40:20

The there is more confusion on who should sign and then these other issues of. Let's say that tef tefka has a lot of detailed flow down provisions and their sops on what flows down.

[John Ohanian] 13:40:35

From implementer to participate. and that is very helpful.

[John Ohanian] 13:40:42

And you know as yeah So anyway, that's my comment by Manga.

[John Ohanian] 13:40:48

So I would just if John, or even wanna jump in.

[John Ohanian] 13:40:50

What I would say is thank you for letting us know when they're you know we know that there are concerns out there in each group, and what i'd like to do is whoever that group is let's meet.

[John Ohanian] 13:41:00

With them. let's have some conversations. and see what are the areas that we can getting clarification on where the area is path forward, where we give some assurances. I I think the more when those areas come up is where we want

[John Ohanian] 13:41:13

to spend that time between these meetings is rolling up our sleeves, and actually seeing what's there, and what we need to consider.

[John Ohanian] 13:41:20

So i'd love to kind of follow up on that one as Well, don are in any other buzz

[John Ohanian] 13:41:25

I I didn't even need that for complex organizations recognize It's a challenge, and and actually just getting the agreement signed for each of the subordinate actors under an organization is itself a bit of a challenge some

[John Ohanian] 13:41:39

of the organizations are specify, maybe 1 33 so it's pretty clear cute care hospitals, and that's and labs, for example, by organization, or not that makes it a particularly difficult well as dn and David have specified

[John Ohanian] 13:41:55

our So I think in some of the categories there's Clary about who's required and other things not so definitely want to recognize that.

[John Ohanian] 13:42:04

And what we can do to i'll verify it yeah, like our particular conundrum at contrast to speaking for them is we have an acute care psych ward within our hospital we have a public health lab

[John Ohanian] 13:42:19

and a clinical lab and a health plan and yeah so it's gone around and around

[John Ohanian] 13:42:30

I think that's it for question .

[John Ohanian] 13:42:35

Okay, Helen, we're gonna hand it over to you for the next subject.

[Helen Pfister] 13:42:38

Okay. Great next slide, please. So this slide shows the 4 pmps that we'll be discussing today.

[Helen Pfister] 13:42:46

We discussed all 4 of these last week with the Psa.

[Helen Pfister] 13:42:48

Pmp subcommittee to get their input and are now bringing them to this group today.

[Helen Pfister] 13:42:53

For for your input The first is the early exchange Pmp.

[Helen Pfister] 13:42:57

Which sets forth requirements for participants, things who may want to start exchanging information under the Dsa.

[Helen Pfister] 13:43:03

Before the dates on which they're actually required to do So the second is the technical requirements for exchange campaign, and this sets forth the data exchange patterns for the data exchange framework as well as

[Helen Pfister] 13:43:15

associated technical specimens. The third is the California information walking Prohibition's, Pmp.

[Helen Pfister] 13:43:23

Which addresses practices that would not be considered interfering with the required access, exchange, or use of health. and and the fourth is the real-time data exchange.

[Helen Pfister] 13:43:35

Pm. which gives some parameters on what we need.

[Helen Pfister] 13:43:40

When we say, you know, time data exchange next slide, please.

[Helen Pfister] 13:43:45

So. Oh, one thing to mention. Go back with the what we now calling the California information blocking Fromhibit Prohibitions campaign used to be just called the information walking Pmp.

[Helen Pfister] 13:43:57

But it's the same it's the same Okay, next slide, so I will start with the early exchange Pmp. as we've discussed ab 133 requires that the Vsa.

[Helen Pfister] 13:44:12

Be signed by January 30, first, 2,023.

[Helen Pfister] 13:44:16

The participants are acquired to begin to share data under the Dsa.

[Helen Pfister] 13:44:19

Until January, 30, first, 2,024

[Helen Pfister] 13:44:25

And as a result of that, the effective day that we've put on the various pmps that have been adopted so far has been January 30 first, 2,024.

[Helen Pfister] 13:44:36

But we understand that there are participants that may actually want to start sharing data out of Vsa.

[Helen Pfister] 13:44:42

Before generate 30, first, 2,024. so the early exchange Pmp.

[Helen Pfister] 13:44:46

Is intended to to facilitate this and just one clarifying point.

[Helen Pfister] 13:44:49

As I said before, we did discuss these pmps with the Dsa.

[Helen Pfister] 13:44:53

Pmp. Subcommittee last week, and there was some confusion about

[Helen Pfister] 13:44:57

What impact this Pmp was meant to have on any other exchange of data that's currently going on between participants not under the Dsa.

[Helen Pfister] 13:45:06

The answer is, none. The answer really is specific andp really is intended to establish requirements that would apply the participants.

[Helen Pfister] 13:45:15

Oh, that's 2 totally their choice elect to start using the Dsa.

[Helen Pfister] 13:45:19

Exchange data before January 30 first 2,025 individual individual choice that participants would make.

[Helen Pfister] 13:45:27

They're not required to do anything before their their respective clients page next slide, please.

[Helen Pfister] 13:45:34

So the policy itself basically says that any participants that want to engage in early exchange have to have signed the Dsi.

[Helen Pfister] 13:45:43

They have to verify that any other participant they want exchange with has also son of the Essay, and they've got to comply with the existing pmps.

[Helen Pfister] 13:45:50

As of when they're exchanging data even if the actual stated effective date of a pmp is 2,024

[Helen Pfister] 13:46:00

And they also can fly with any new or updated piece compete within 10 days of publication.

[Helen Pfister] 13:46:07

So that's the overview and I said that we have one question question from all these.

[Ali Modaressi] 13:46:11

So, Ali, do you want to? Yes, yes, thank you. Have a question regarding Number 2 there.

[Ali Modaressi] 13:46:17

Very fine that all the participants have executed. Dsa.

[Ali Modaressi] 13:46:22

Can you elaborate on that? What does What does that exactly mean?

[Helen Pfister] 13:46:25

Sure. you have a hospital and you've got a social service organization that both signed the Dsa.

[Helen Pfister] 13:46:33

They don't have to comply with it until 2,024 start sharing data.

[Helen Pfister] 13:46:37

But there's like hey? you know we've got this agreement in place.

[Helen Pfister] 13:46:40

We could start using it now to share data. So so the idea really is that if you have 2 individuals, 2 organizations that wanna start using the Dsa.

[Helen Pfister] 13:46:49

They each sign it. they make you give the part to sign it and then they're bound by kind of zoom that they agreed fixed change under it.

[Ali Modaressi] 13:46:57

Does that answer your question? kind of So if it were one of the it as a

[Ali Modaressi] 13:47:11

But they are exchanging data. is that is that a problem?

[Ali Modaressi] 13:47:15

So one entity have signed it, and the other entity of not signed.

[Helen Pfister] 13:47:20

Yeah, this is not meant to in any way impact any existing arrangements outside the Dsa. it real.

[Helen Pfister] 13:47:27

So the answer to your questions. No, that would not be a problem.

[Helen Pfister] 13:47:30

It really would just be if 2 independent organizations are like, Hey, We have this thing.

[Helen Pfister] 13:47:33

We both signed it. Can you start sharing that under it?

[Helen Pfister] 13:47:36

And if we do, one of the pmps come into effect.

[Helen Pfister] 13:47:38

This is meant to address that question.

[Helen Pfister] 13:47:47

Any other questions on the early exchange pianke then i'll turn it over to Rim for technical requirements for exchange.

[John Ohanian] 13:47:58

Thanks, Helen going to the next slide. So, as Helen mentioned, there was quite a bit of discussion last week at the Vsa.

[John Ohanian] 13:48:09

Subcommittee meeting on a number of the policies of procedures that includes this one. And there was quite a bit of comment during that meeting about this policy and procedure.

[John Ohanian] 13:48:18

I just want to point out to everyone i'll try to help some of those comments Today, however, the draft language that you received and will be posted on the website is exactly the same content that went to the dsa

[John Ohanian] 13:48:30

subcommittee, and therefore does not reflect any of the feedback with from the Dsa subcommittee.

[John Ohanian] 13:48:34

Yet at that meeting with just last Thursday The purpose of this policy procedure is to define the recommended and required exchanges of health and social services information among participants that have signed the Dsa and

[John Ohanian] 13:48:49

the technical standards that are to be used in those exchanges.

[John Ohanian] 13:48:54

I'll just point out that Ab. 1 33 specifically called for the data exchange framework to enable and require real time access to exchange of health information among healthcare providers and pairs through any health

[John Ohanian] 13:49:09

Information Exchange network or Health Information Organization using a specified set of standards.

[John Ohanian] 13:49:16

And it is this policy procedure that identify some of the technical standards that might be used.

[John Ohanian] 13:49:23

It may be required by certain organizations to exchange information.

[John Ohanian] 13:49:29

I'm not gonna read through the principles here, but I think that that this is useful, and hopefully for people to understand, for many of the items in this policy procedure came from and in particular, I've tried to note throughout

[John Ohanian] 13:49:42

the policy procedures certain badges that indicate share.

[John Ohanian] 13:49:47

This requirement follows other direction. For instance, Ab: 133 specifically Oc.

[John Ohanian] 13:49:55

Or Cms rulemaking information we find in the common agreement, or the Queue hand, technical framework for teca or in the Standards version adoption process or escap that owen C publishes for the adoption and recognition of technical

[John Ohanian] 13:50:14

standards. So you'll see those badges sprinkled throughout the the policy procedure.

[John Ohanian] 13:50:19

There the other note that i'll make here is there was a question about security standards, and you don't see security standards.

[John Ohanian] 13:50:28

Call out in the policy procedure, most excuse me all of the national networks and frameworks that are mentioned in the policy and procedure here, and you'll see listed there.

[John Ohanian] 13:50:42

Have specific security frameworks for the identification systems or individuals for exchange, and our intent is to leverage those existing frameworks rather than new one here.

[John Ohanian] 13:50:57

That's also a point that there may be some comment on. Let's go on to the next slide, and as I said, there was quite a bit of a comment on this policy, and procedure and so my hope

[John Ohanian] 13:51:09

is to highlight at least the largest comments that we saw there.

[John Ohanian] 13:51:15

We have the next slide, please. So this outlines the policy itself.

[John Ohanian] 13:51:24

The policy covers a number of different points, 3 different exchange patterns, or a query based exchange pushes of information and notifications of admission.

[John Ohanian] 13:51:36

Trans. discharge and transfer events We'll talk about all of those in a little bit more detail. it calls out standards for some of those transactions among the National and federally adopted standards that term was

[John Ohanian] 13:51:50

defined in the Pmp. and aligns with the svap or the standards version adoption process.

[John Ohanian] 13:51:59

I'm gonna try not to say that acronym out again today.

[John Ohanian] 13:52:02

It also calls for the standard set of person attributes and be used for person matching this aligns exactly with what was in the strategy for digital identities published in July and calls for the governance

[John Ohanian] 13:52:18

entity to establish a process for monitoring standards as they emerge or mature for potential amendments.

[John Ohanian] 13:52:28

To this policy and inclusion of those new standards let's move on to the next slide.

[John Ohanian] 13:52:34

Please. So the first pattern that we'll talk about here is delivery of health, information, health, or social services information.

[John Ohanian] 13:52:45

There is a triggering event here, that's intended, and that's that okay, provider requests information, either through an order such as a lab order or request for services such as a console assessment, et

[John Ohanian] 13:52:59

cetera, and information is generated as a result of the that services.

[John Ohanian] 13:53:04

And this policy by this procedure here describes the ext the electronic exchange that's required to take place by organizations that are generating that information for the entity that requested the services This is a push

[John Ohanian] 13:53:21

of information. the technical standard identified here, is the same that's identified in the queue hand technical framework and is part of the svap process.

[John Ohanian] 13:53:33

We also identify here to encourage use of fire, which is a separate technical standard, but do not require it.

[John Ohanian] 13:53:42

It has been identified in sfap as well, mainly as a signal that this may be required in future versions of this policy procedure to get people ready for it.

[John Ohanian] 13:53:53

This requires that all we're organizations that generate health information or social services information, send it and encourages all organizations to be able to receive it electronically.

[John Ohanian] 13:54:06

One of the comments that came out of the Dsa subcommittee was to elevate that last to require everybody to receive help information instead.

[John Ohanian] 13:54:17

So that is, one comment that received here to have stronger language about requiring organizations to receive.

[John Ohanian] 13:54:28

This policy procedure also has a requirement for the sender to ensure that the recipient is authorized to receive the information.

[John Ohanian] 13:54:37

There was a common there that that is may not be an appropriate requirement for the cinder.

[John Ohanian] 13:54:45

And so that's that's also up for common time let's go on to the next slide, please, and this one describes the Qh los participation in this transaction pattern it requires the same standards of

[John Ohanian] 13:55:00

a qh io, and also requires the Qh.

[John Ohanian] 13:55:05

lo might be May must be prepared to translate information that they receive from a participant that may be in a different standard to this standard.

[John Ohanian] 13:55:16

If they're going to communicate it. on a nationwide a nationwide network or framework, or to other Qh. ios. So it calls out the standard among Qh.

[John Ohanian] 13:55:26

I organizations, but not specifically the standard that H.

[John Ohanian] 13:55:29

lo must use with its participants. Let me pause there for a second.

[John Ohanian] 13:55:34

See if there are any questions, or I see your end up with errors.

[John Ohanian] 13:55:41

Going back to the the principles I I just I mean I think I know what item number 2 where it talks about, and I don't know if you can go back

[John Ohanian] 13:55:59

So Item Number 2 says that we're trying to eliminate stove pipes, and while I I think I I know what that means.

[John Ohanian] 13:56:09

I I think we might want to look for language that's either more specific about what you know that we're trying to

[Emma P - Manatt Events] 13:56:41

Alright, everyone I think the room is frozen for a moment. we'll just really adopting them.

[Emma P - Manatt Events] 13:56:52

Over time is that makes sense for If we could just pause for one moment and ask the room to come back 15 s and repeat what you said, because we lost the the whole room froze for about the last 15

[John Ohanian] 13:57:00

seconds. Thank you, I don't want me to go alright. hi!

[John Ohanian] 13:57:08

It's laurie I was just commenting that on item number 2: the principal that talks about eliminating stove types.

[John Ohanian] 13:57:18

Is a sort of term of art, I think that some of us know.

[John Ohanian] 13:57:21

But I would really recommend that we make that a little bit more.

[John Ohanian] 13:57:24

Specific to the to so stakeholders can understand what we're talking about and then item number 4 I was recommending that we put some sort of timeframe on there that we don't just that that we say we're gonna

[John Ohanian] 13:57:39

adopt the technical exchange standards from Tevca.

[John Ohanian] 13:57:41

But as they make sense for the not just expense so it's clear to folks that just because it was published doesn't mean now you have to do them prefer and then.

[John Ohanian] 13:57:58

On the next slide. I Oh, this one I understand this now.

[John Ohanian] 13:58:06

On the slide Number 30 with regard to state exchange framework.

[John Ohanian] 13:58:16

What you're talking about here remember I understand it This is specific to sort of a like delivering a lab.

[John Ohanian] 13:58:25

Result or delivering some sort of data specifically between one participant.

[John Ohanian] 13:58:35

Is that right sorry a term of art that I trouble with coming up with a better description.

[John Ohanian] 13:58:43

But the push of information, not a trick and it's driven off of a so yes, a lab result, a consult, result, a referral result a radiology report from a radiology, center, those are the

[John Ohanian] 13:59:00

examples, social services, Thank you, Aaron. I see your hand up.

[John Ohanian] 13:59:58

So on Slide 31, and I think in in this slide and in your comments.

[John Ohanian] 14:00:05

It's it's, somewhat into wide that the role the Qh lo will be to route requests and responses of data to other Qh los.

[John Ohanian] 14:00:16

So that the the request gets to the correct participant in the network.

[John Ohanian] 14:00:20

But I think it would. It would provide clarity if we actually spelled that out in the policy. it's it's done later in the policy.

[John Ohanian] 14:00:29

But the adt messages very clear and it's helpful for for all of our clients reading through the policies to to understand what they're gonna get when they're signing up with the qh

[John Ohanian] 14:00:42

lo. So I think it. if we could get that kind of language.

[John Ohanian] 14:00:46

In this area of the policy and I think there's another one of the transaction patterns as well that would be extremely helpful.

[John Ohanian] 14:00:57

I. That's an excellent comment. one of the general comments we've got a Dsa. subcommittee was to accompany this with use. Cases or descriptions, and how this applies and I think that goes to

[John Ohanian] 14:01:04

your comment as well. but that was a limitation in the language here that was recognized last week as well.

[John Ohanian] 14:01:10

So. thank you, David. I see your handout

[David Ford] 14:01:19

Yeah, this is possibly a very tangential question.

[David Ford] 14:01:26

But as we put in all of these technical requirements practices that are still on paper are are required to sign the Dsa.

[David Ford] 14:01:36

But of course won't be able to comply with any of these technical requirements.

[David Ford] 14:01:40

I'm just I'm still trying to figure out sort of what the requirements are expectations are for paper based practices under this rubric

[John Ohanian] 14:01:53

It's it's an excellent question and one of the one of the questions that we also receive periodically.

[John Ohanian] 14:02:00

Is. Are we talking about electronic exchange here or it's, paper based exchange tax-based exchange, etc., part of what we're talking about here? with the data exchange framework

[John Ohanian] 14:02:11

I'm really interested in people's comments about how we establish a a roadmap of the standards that need to be used.

[John Ohanian] 14:02:23

Perhaps a timing, or when those standards become mandatory.

[John Ohanian] 14:02:29

Understanding that we need to move things forward so I I think that's a that's a good comment, and one of the things we're asking for feedback on

[John Ohanian] 14:02:40

I don't see I wanna make sure you didn't have another question.

[John Ohanian] 14:02:47

Let's move on as with the dsa subcommittee.

[John Ohanian] 14:02:49

I expect that a lot of our questions will come up on that first exchange pattern, so I'm hoping to move forward just a little bit more rapidly, so we can get some of the other things on the agenda if we can. go to the next slide excuse

[John Ohanian] 14:03:05

me. Yes, if we can go to the next slide, please. Very 2.

[John Ohanian] 14:03:10

Yes, so the the next pattern here is notifying entities, or individuals of admissions, discharges, or transfers.

[John Ohanian] 14:03:22

This is a very complicated portion of the pnp.

[John Ohanian] 14:03:28

What I would say here is that first of all, it is modeled on the Cms rule that requires hospitals to provide these notifications, and calls out A.

[John Ohanian] 14:03:37

Role for qhios, for distributing, receiving adt notifications and distributing them so that they become a statewide rather than just an isolated regional resource.

[John Ohanian] 14:03:51

There was quite a bit of comment both at the Dsa subcommittee meeting and in comments outside of that meeting.

[John Ohanian] 14:03:59

About this particular portion of the Bmp.

[John Ohanian] 14:04:04

Just a few things that I would note about that is that they range from Twohos should absolutely be the preferred method to Q.

[John Ohanian] 14:04:15

A h ios or not prepared to do this today, and that this is requiring infrastructure not yet in place.

[John Ohanian] 14:04:22

I think one of our challenges here will be to understand how this incredibly useful information and a requirement under the Cms rule is actually So it's it's area where i'm expecting us to continue to

[John Ohanian] 14:04:36

get input what this requires today. as the as it is written is for hospitals to provide notifications to individuals, if requested, or pass adt messages to a Qh. io.

[John Ohanian] 14:04:50

To do it on their behalf. and though those 2 options were part of the comments we heard last week. it calls out the standard to be a standard HI: 7 adt message.

[John Ohanian] 14:05:08

This is not required under the Cms rule, but is sometimes implied by users. that would be the standard.

[John Ohanian] 14:05:13

But it is an s vap a standard, and probably the most common standard used for these types of notifications today.

[John Ohanian] 14:05:22

Skilled nursing facilities are not required to send those, but is art identified in the P.

[John Ohanian] 14:05:28

And p as may be required in the future Still, nursing facilities are likely unprepared to do this today, but it's one of the other types of facilities that there's value in admission discharge and

[John Ohanian] 14:05:42

transfer information. So the hope is that in the future they might be received by those organizations as well.

[John Ohanian] 14:05:49

Let's move on to the next slide. It calls out the role specifically for Qh los here, and that would be for receiving Ad.

[John Ohanian] 14:06:00

Messages from hospitals, send them to them, sharing them with a other Qaos.

[John Ohanian] 14:06:05

Retaining that information only if they're authorized to retain it again.

[John Ohanian] 14:06:11

There were comments about authorization and whether that belongs here in this a piece, and the standard to be used for that is adt messages.

[John Ohanian] 14:06:19

I'll reiterate that there were come comments of both at the Dsa.

[John Ohanian] 14:06:24

Meeting, and afterwards about whether h ios could actually perform the the duties that are called out here.

[John Ohanian] 14:06:32

And that's something that will have to continue to take comments on.

[John Ohanian] 14:06:36

Let me pause there for a minute. I think that's the last slide in this set we move on to 34 for just a second.

[John Ohanian] 14:06:45

Yeah, 30. i'm sorry 34 identifies requesting participants.

[John Ohanian] 14:06:53

The intent here is that individuals or organizations, such as my peach, my Pcp: my

[John Ohanian] 14:07:00

Primary care position might be able to ask for notifications for me through a roster that could go to a hospital work to go to A. Q.

[John Ohanian] 14:07:09

Aio That's. acting on the hospitals behalf We are not calling out the standards that must be used to inform my Pcp.

[John Ohanian] 14:07:17

That was another source of comment that I received that Perhaps we need to call out the specific acceptable methods for notifying as stands now, that's left off to our Qh los or hospitals to meet the of individuals so it might be

[John Ohanian] 14:07:34

through direct messaging. It might be a HI. 7 message.

[John Ohanian] 14:07:39

It might be a portal, it might be something else. Now I really will pause for any questions on this one.

[Ali Modaressi] 14:07:45

And Ollie, I see your hand up. Thank you, Ram.

[Ali Modaressi] 14:07:49

I totally agree that this Adt transactions are really critical.

[Ali Modaressi] 14:07:53

Good coordination and transitional care planning. if you go back, maybe 2 to slide that.

[Ali Modaressi] 14:08:01

Okay, kind of questions on all of you. slice that you just reviewed.

[Ali Modaressi] 14:08:05

So next one, please. So of the the first question is, regarding hospitals must send a Dt.

[Ali Modaressi] 14:08:16

Electronically on this prohibited by applicable law. can we be specific as to what those laws are in this?

[John Ohanian] 14:08:24

In this document. So in the policy procedures that language was actually used in the policy procedure specifically to mirror what we've done in the Dsa.

[John Ohanian] 14:08:39

And other places, so that all law that applies to the organization is cited there rather than calling out specific laws.

[John Ohanian] 14:08:46

I'll take your comment. but I I feel that that is language that we probably won't be able to make changes to to call out specific laws.

[Ali Modaressi] 14:08:54

There. This is just an indication that everything that's called out here needs to be what it's allowed under applicable law for the entire Pmp: Okay, thank you.

[Ali Modaressi] 14:09:06

And then next to slide there was a there's a bullet here about Number 6 actually next next slide.

[John Ohanian] 14:09:19

Yeah, can we go on? Yes, yeah. So there's a the second bullet there is about including hospitals that are not.

[John Ohanian] 14:09:29

How does that work? and and that's a that was one of the comments?

[John Ohanian] 14:09:37

That we received outside of the Dsa. subcommittee meeting also about how to make that work.

[John Ohanian] 14:09:42

The intent here is that hospitals have to share adt messages, and they either share it directly with the organization.

[John Ohanian] 14:09:51

That request, or choose a qh io to share those messages with instead

[John Ohanian] 14:09:57

And that's the the larger language in the pmp reflects that it is one of the items that was flagged outside of the dsa subcommittee is to add some clarity to that and

[John Ohanian] 14:10:09

I welcome suggestions about how we ensure that adt messages actually get to where they need or admission discharge and transfer notifications get to where they need to They have.

[John Ohanian] 14:10:27

Qh ios can't be the most obvious mechanism to to pass them statewide.

[John Ohanian] 14:10:37

So there may be alternatives there, and of open the questions about how we, how how we address them.

[Ali Modaressi] 14:10:45

Okay, okay. And then there was a I think on the previous slide. There was a and note about a participants requesting receiving notifications which I I don't I don't necessarily agree with that because participant

[Ali Modaressi] 14:11:06

doesn't know that the patients are admitted to the hospital so so kind of have a hard time understanding how the the Pcp.

[John Ohanian] 14:11:17

Can request patient notification or adt without any yeah So i'll i'll describe at least the intent here, and people can comment on whether that makes sense is that rather than sending notifications for every event

[John Ohanian] 14:11:36

for every patient, to every potential Ecp. or other position that might want them. The what we're asking, instead or suggesting instead, is that individuals wishing to get notification, submit a roster of patients for which they want to be

[John Ohanian] 14:11:51

notified, and I bet if that language isn't clear in the Pnp.

[John Ohanian] 14:11:57

It needs to be clarified and therefore there'd be a standing request, for instance, to get notifications.

[John Ohanian] 14:12:03

If I were admitted to the emergency department, or and and only those would be, would be notifications would be sent.

[Ali Modaressi] 14:12:12

Yeah, that that language will clarify. Yes, kind of panel patients.

[John Ohanian] 14:12:17

Yeah, that would help. Yeah. Thank you. Thanks. Olie.

[John Ohanian] 14:12:22

Feel like she had your own account. Yeah. thanks. Rim.

[John Ohanian] 14:12:26

Yes, definitely agree There's a lot to talk about and on this slide.

[John Ohanian] 14:12:33

Yes, there's a couple of thoughts that go through my mind when I review this one is that right now as it's stance and post the subcommittee meeting your presenting this as a choice and either or

[John Ohanian] 14:12:48

between setting at T to acceptable method by the participant versus sending it directly to at least one Qh.

[John Ohanian] 14:12:58

lo, which would then pass along to a distributed network which ios thereby getting to the intended recipient.

[John Ohanian] 14:13:06

It's being a bit of a false choice because really one doesn't have to be mandated or described.

[John Ohanian] 14:13:15

It occurs today, you know, in the wild hospitals.

[John Ohanian] 14:13:20

Via their prefer technologies if it, if it can actually get to the requesting a provider

[John Ohanian] 14:13:29

But where they aren't going today are too many of the smaller things in their practices that don't even know like how to ask let alone begin a negotiation with the hospital.

[John Ohanian] 14:13:40

As to how to set up the proper connection or motive communication to get to at, and the comic about Cnn's role in the 5.

[John Ohanian] 14:13:48

So i'm with that rusty but I believe it So if the Medicare conditions of participation they require hospitals to send a basic 80 to a community provider, right,

[John Ohanian] 14:14:00

There's nothing in there that i'm aware of that requires, for instance, the hospital to send the adt to a payer a health plan.

[John Ohanian] 14:14:08

Let's say, a medicate managed care plan right that needs that information to do transitional care planning part 2 if that's actually required instead of made an option.

[John Ohanian] 14:14:19

What would basically solve for that gap in the in the Federal rule would guarantee that you know, whichever else.

[John Ohanian] 14:14:26

The hospital is choosing to do to actually send atts. There's a backstop there's this essentially a bedrock foundational station that that assured us that every person can like to use a hio can't get the adt that it

[John Ohanian] 14:14:39

wants again. Okay. Thank you.

[John Ohanian] 14:14:45
Hi! I think you've this pnp sounds like the Constitution.

[John Ohanian] 14:14:52
This is the medias P. and p so thank you for all your work on that I know there'll be more clarification, probably on this one.

[John Ohanian] 14:15:01
But the eightyt portion is the clearest part because that's already up and running, and you know many of us have operationalizes.

[John Ohanian] 14:15:10
So the way it works on a hospital and is we are gathering who that primary care provider is at the time of registration, and often they're looking at the insurance card for the assigned primary care

[John Ohanian] 14:15:24
provider. This is important, because my understanding of how these are sent is through direct messaging to somebody's direct address, and that's very inflexible.

[John Ohanian] 14:15:36
It only goes to that person, and it doesn't go to any network. if the exchange is i'm just brainstorming.

[John Ohanian] 14:15:45
Okay? So if i'm the card from meta-cal it said, Hey?

[John Ohanian] 14:15:50
And this is their Pcp. in it. Put some exchange there and then.

[John Ohanian] 14:15:55
We had that direct address to send to Then we could do this even though we don't have any.

[John Ohanian] 14:16:01
Maybe formal relationship with a Qh. lo. but it would still target, though.

[John Ohanian] 14:16:06
So, anyway, I that's. just how it's done is it's done through direct messaging is what I understand and they're just like a individual email address.

[John Ohanian] 14:16:18
And so it's just the key of getting it into that registration process at the front end.

[John Ohanian] 14:16:22
Thank you, and this B. and P. is not meant to indicate that direct messaging could not be used.

[John Ohanian] 14:16:29
It's that last file, but that there might be other things Instead, again, it was one of the comments is perhaps we should be more explicit about what is allowable.

[John Ohanian] 14:16:38
There, and so we Aaron I saw you had to repeat that.

[John Ohanian] 14:16:45
But then we'll move on. Yeah, thank you I I just wanted a second.

[John Ohanian] 14:16:48
What what felix had to say that if number 2 was mandatory. it would eliminate some gaps in the
ad messaging and and increase the value of the overall network which I think is it's the idea

[John Ohanian] 14:17:00
we're promoting that that if if for these paper based practices and other practices that's signing
up to a Qh.

[John Ohanian] 14:17:08
I, O. gives you access to the network, which is all you will need in order to communicate in
California.

[John Ohanian] 14:17:17
Great. Thank you, let's let's move forward please. I think it's slide 35 is the next slide.

[John Ohanian] 14:17:32
I'm gonna spend less time or suggest that we spend less time on this transaction.

[John Ohanian] 14:17:38
This is probably one of the most common transactions on the nationwide networks and
frameworks today, and it's the one that often is pointed to in Tepca.

[John Ohanian] 14:17:50
It appears in all of those. This is the more classic request for information, and providing the
information is requested.

[John Ohanian] 14:17:55
It does not make any changes to that. pattern or doesn't suggest any changes, and it identifies
the same standards that are in common use on the nationwide networks and frameworks today
are well adopted and

[John Ohanian] 14:18:10
our called out in the Queue hand technical framework for tefka as well.

[John Ohanian] 14:18:16
It does identify that fire might be a future requirement, but it focuses on query, based document
exchange as the most common transaction today.

[John Ohanian] 14:18:30
The one thing that I would point out with this one and the next.

[John Ohanian] 14:18:35
Is some of the comments that we had this one focuses on a targeted request for instance, if I'm
being admitted to the hospital, you might ask my Pcp.

[John Ohanian] 14:18:47
For information about me, because you expect to find information there.

[John Ohanian] 14:18:53
And the next is about broadcast I don't know where to find information on rem conference.

[John Ohanian] 14:18:59

So I'm going to ask everybody for information this policy procedure suggests that the second option should be avoided whenever possible.

[John Ohanian] 14:19:09

There were comments, the Vsa. Subcommittee that first that may be inappropriate.

[John Ohanian] 14:19:14

For how h ios behave today, but even more than it has very little value, as it is not really or prohibition, and the consequent the the circumstances on which it might be appropriate can't be well defined

[John Ohanian] 14:19:29

in a policy procedure. So there were comments about eliminating that altogether. the other comments that we got on.

[John Ohanian] 14:19:40

This is the need to better define authorized as it appears here, and other transaction patterns.

[John Ohanian] 14:19:47

I'll point out that authorized is a defined word on the Dsa.

[John Ohanian] 14:19:52

And therefore might be the right term to use here instead, if appropriate.

[John Ohanian] 14:19:58

To continue to include authorization language in this Pmp.

[John Ohanian] 14:19:59

At all. i'm gonna move forward rather than spending a lot of time on this one.

[John Ohanian] 14:20:08

If we move forward to the next slide. and

[John Ohanian] 14:20:14

This also calls out a similar role for qhios. As Aaron, you were saying, Routing might be the role.

[John Ohanian] 14:20:22

Here is the right way to think about. That is how you make this.

[John Ohanian] 14:20:27

How how you bridge between nationwide networks or regional H ios, where the request for information bridges across those.

[John Ohanian] 14:20:38

So that is the the the talk here let's move on to the next slide, please, and i'm we talked about broadcast a little bit already, as I said, before the dsa subcommittee, suggested that perhaps this

[John Ohanian] 14:20:53

portion of the Pmp was unnecessary or inappropriate, and might be eliminated by interested in any other feedback on that.

[John Ohanian] 14:21:03

If we can move on to the next slide i'm gonna cover this really quickly, because we talked in in great detail over several months about the strategy for digital identities.

[John Ohanian] 14:21:16

This puts in policy and procedure the recommendations in that document about the attributes that would be used person matching, and the standards that we'd be used for. that a few things that I will call out here is

[John Ohanian] 14:21:31

as I said, this aligns with that strategy That's probably the best source of information about why these attributes were selected, but in particular gender in the discussions there was specifically s

[John Ohanian] 14:21:47

Called out as an attribute that should be avoided, and is not particularly useful in matching individuals.

[John Ohanian] 14:21:55

However, several technical standards absolutely require it, and Therefore should be used only in those cases where it's required.

[John Ohanian] 14:22:03

There were comments about the need to define that better.

[John Ohanian] 14:22:06

The Pmp. does not, because the technical requirements we define what is meant by gender.

[John Ohanian] 14:22:11

In that case, for instance, the Qtf. specifies ibies.

[John Ohanian] 14:22:18

I believe that it be sex determined at birth, and that that would therefore be the requirement here.

[John Ohanian] 14:22:23

This Pmp. also defines the standards. Us.

[John Ohanian] 14:22:28

Cdi version 2 and the technical work groups specifications about how address is used.

[John Ohanian] 14:22:36

One of the comments of the dsa Subcommittee is that there's also metadata around address that might be included as well.

[John Ohanian] 14:22:45

But you, in in particular, for instance, there are gaps and person identification for homeless, and that standard determines how you indicate. a consistent representation of all addresses.

[John Ohanian] 14:23:02

We can move on to the next slide and try to see your hand up.

[John Ohanian] 14:23:06

I want to just kind of power through these and then we'll go back.

[John Ohanian] 14:23:12

And the next slide, the final slide here is we can go on to the next slide, please. it's about technical updates.

[John Ohanian] 14:23:24

It requires the governance entity to create an open and transmitter process, transparent process, to continue to review new and and maturing standards for potential inclusion in this pmp as well as the data elements to be

[John Ohanian] 14:23:39

exchanged to the other Pp: that calls out technical requirements.

[John Ohanian] 14:23:44

In line with the policy and procedure or amending policy some procedures, so I can't deviate from that.

[John Ohanian] 14:23:51

But that that process needs to be defined in in place by 2,024.

[John Ohanian] 14:23:56

One of the comments that we heard from the Dsa subcommittee.

[John Ohanian] 14:24:01

It was a question instant whether it was necessary to include this in a policy and procedure as well, that all, or whether it was better, included in the charter for defining of the governance entity.

[John Ohanian] 14:24:14

So that was the one comment that we received that is the bulk of this policy and procedure.

[John Ohanian] 14:24:21

I'm sorry for kind of rushing through the end of it but I think we need to move on.

[John Ohanian] 14:24:25

Try. Do see the 2 header hand up. Yeah. just a short comment about a broadcast.

[John Ohanian] 14:24:31

Notifications. I think. that brings up just press pragmatic issues of bandwidth and receiving a ton of messages on the receiving end, and not being able to filter it out I wouldn't start

[John Ohanian] 14:24:45

there. from a pragmatic point of view I think once you get the adt framework up and running, and then it's figured out who these messages should go to.

[John Ohanian] 14:24:55

Then you'll be in a better position to think about broadcast Thanks. I don't see any other questions.

[John Ohanian] 14:25:04

I think this goes back to Helen for the next Pp: Okay. Great.

[Helen Pfister] 14:25:08

Okay. great And so this Pmp is an updated version of the information blocking Pmp: that was initially shared with the Dsa.

[Helen Pfister] 14:25:19

Pmp. Subcommittee back in October.

[Helen Pfister] 14:25:23

And they gave us a significant number of comments, which we consider to inform revisions.

[Helen Pfister] 14:25:27

And then this current updated version was the stress of the Dsa.

[Helen Pfister] 14:25:31

Pmp. Subcommittee meeting at its meeting last week.

[Helen Pfister] 14:25:34

You just have to stop click to give some credit where credit is due.

[Helen Pfister] 14:25:37

So this updated version of the information whopping Pmp.

[Helen Pfister] 14:25:42

Is actually drafted by Courtney Hansen and her colleagues at Cdi

[Helen Pfister] 14:25:45

But unfortunately she could not able. She was not able to make today's meeting, so she asked me to step in and and review this with the with the lc.

[Helen Pfister] 14:25:52

So I guess they could credit credit and at a high level.

[Helen Pfister] 14:25:58

The revisions that have been made since October include adopting a more streamlined approach, where the Pmp.

[Helen Pfister] 14:26:05

Heavily leverages the Federal information blocking rules and equipment by reference, in order to support continued alignment between State and Federal direction.

[Helen Pfister] 14:26:15

We've also updated the title of this pmp from just information blocking to California information blocking prohibitions.

[Helen Pfister] 14:26:23

And this change is intended to reflected. This is a state level Pmp.

[Helen Pfister] 14:26:28

That leverages, but is distinct from the Federal information.

[Helen Pfister] 14:26:31

Blocking roles. And we also revise this to distinguish between requirements that apply to entities that are already subject to the federal rules compared to entities that are that are not so with that background the purpose

[Helen Pfister] 14:26:48

of his pmp, as stated in on the slide, is to support the that exchange framework's commitment to facilitating the timely access, exchange, and use of health and social service information and compliance

[Helen Pfister] 14:27:01

with applicable. The law and the definitions of absence, exchange and use are a set forth on the slide, and are aligned with the corresponding Federal definitions.

[Helen Pfister] 14:27:12

Next slide, please. So what this policy does is it prohibits participants from undertaking any practice that is likely to interfere with the access exchange use?

[Helen Pfister] 14:27:26

Of Hssi for the required purposes that are set forth in the permitted required appropriate of pmp that was adopted earlier.

[Helen Pfister] 14:27:35

This year, and one important point is that this doesn't in any way impact or limit the participants responsibility if they have any, to comply with the Federal information blocking regulations.

[Helen Pfister] 14:27:47

So any participant that is subject to the Federal rules has to continue to comply those Federal rules, and this policy does nothing. next slide.

[Helen Pfister] 14:27:57

Please. so the policy like I said, the policy prohibits participants from engaging and information.

[Helen Pfister] 14:28:09

Walking which, as I said earlier, is any practice that would interfere with the ex ex exchange or use of health and social services.

[Helen Pfister] 14:28:19

Information for a required purpose. and the general intent is to like, I said, a line this as much as possible with the Federal rules.

[Helen Pfister] 14:28:28

So where the Federal rules use the electronic health information. This Poly: This policy applies to health and services information as defined in the Dsa. next slide.

[Helen Pfister] 14:28:41

Please. So, as I mentioned earlier, the policy distinguishes between requirements for entities that already have to comply with the Federal information, blocking rules and requirements for entities that don't have to do so and if a

[Helen Pfister] 14:28:58

participant is subject to the Federal information. blocking rules. they will be considered in compliance with this policy.

[Helen Pfister] 14:29:05

If they're confining with those rules, with respect to all of with with with all health and social with one exception, which is that a participant can't use the fees, exception in the federal rules to withhold health and

[Helen Pfister] 14:29:20

social services, information for purpose that so would otherwise have to share that information under the Dsa.

[Helen Pfister] 14:29:27

And its pmp questions so far. seeing no hands, I will move on.

[Helen Pfister] 14:29:36

So, if a participant not subject such to the Federal rules.

[Helen Pfister] 14:29:39

Then the participant has to comply with those rules.

[Helen Pfister] 14:29:44

With respect to Hsi, as described in this section of the policy.

[Helen Pfister] 14:29:48

And the policy clear mistakes but a participant's behavior will not be considered.

[Helen Pfister] 14:29:53

Information blocking. If the participant meets any of the exceptions in the Federal role as describing this Pmp: so just with the Federal say, and what we're requiring under this Pmp and the term behavior as you

[Helen Pfister] 14:30:05

can see here is find those needing any act or omission by a participant.

[Helen Pfister] 14:30:11

Next slide, please. So the first exception under the Federal rules is the prevention exception, and so the draft Pmp.

[Helen Pfister] 14:30:21

Says that a participant's behavior will not be considered information blocking if the participant meets the conditions of the preventing harm Exceptions in the Federal information blocking rules.

[Helen Pfister] 14:30:34

Couple of caveats there. it does say that to meet the type of risk requirement in the Federal rules, a participant that does not have a license healthcare provider on staff may instead have the risk of harm determined by

[Helen Pfister] 14:30:49

the professional judgment of a person who has a professional relationship with individual information.

[Helen Pfister] 14:30:57

And we did get some feedback from the Dsa.

[Helen Pfister] 14:31:02

Pmp. subcommittee as to whether that worked in this context, so we certainly welcome any thoughts from anybody on this call.

[Helen Pfister] 14:31:12

And just as a reminder, I mean what the the type of risk requirement does under the Federal roles.

[Helen Pfister] 14:31:17

It says that in order for the preventing harm exception, to apply the risk of harm has to be determined on an individual basis by a licensed healthcare professional, who has a current or prior relationship with the patient whose information is infected by

[Helen Pfister] 14:31:31

the determination here in the California context, because we're expanding the information that has to be shared beyond health information to include social service information.

[Helen Pfister] 14:31:42

We realize that some social service organizations may not have a license, healthcare professional staff that has a relationship with the person with the individual who's patient, whose information is being being being being discussed here so welcome thoughts as to

[Helen Pfister] 14:31:56

whether, the language that we're proposing here about a professional relationship, the professional judgment works.

[Helen Pfister] 14:32:04

So let me stop there and see if anyone has any

[John Ohanian] 14:32:11

Not have any questions at this point on. Okay, great and then the other sort of variation between what we're proposed this rule, and what the Federal say is that to meet the type of harm requirement in the Federal rules a participant

[Helen Pfister] 14:32:27

has to establish the type of harm where the kind of harm that would serve that could serve as grounds for the participants to deny access under clickable law, or under the individual access policy that we adopted earlier this year

[John Ohanian] 14:32:44

I mentioned any of that. Yeah, I think we have 1 one question or comment from Troy.

[John Ohanian] 14:32:52

Hi i'll just say that on a training and level at a organization.

[John Ohanian] 14:32:59

It's been. It takes a lot of training of staff to understand exactly what spelled out in in information blocking all the exceptions of the preventing harm.

[John Ohanian] 14:33:12

One the language is not emotional arm it's like they had some phrase which I cannot recall right now.

[John Ohanian] 14:33:22

So. I believe it will be a substantial need for training.

[John Ohanian] 14:33:28

The other thing is for the non hipaa covered entities.

[John Ohanian] 14:33:32

I'm not really a comment on the policy i'm glad you split it into those 2 categories.

[John Ohanian] 14:33:38

The covered entities have designated what they call a designated record set, which is like the key to understanding this whole.

[John Ohanian] 14:33:47

What you share and what you are blocking, or that sort of thing.

[John Ohanian] 14:33:52

And even to understand that concept is really complex and I think it would take a while for the social service agencies to get a grip on that and know what they're gonna do with their information.

[John Ohanian] 14:34:08

So you know, maybe to your grant or education wing there's a lot of work to do on this.

[Helen Pfister] 14:34:15

Yeah. and I mean, that is something we we definitely struggle with in drafting this just because the information block the Federal rules are hard enough for larger healthcare organizations have been working with them for some time not to understand that

[Helen Pfister] 14:34:28

alone for smaller social service agencies on the other hand didn't want to read that wheel.

[Helen Pfister] 14:34:32

So I I agree with you on the training. I think there are a certain amount of research out there on the phone which we can leverage, but agree that this is not going to be.

[Helen Pfister] 14:34:42

This is going to be a

[Helen Pfister] 14:34:46

To navigate.

[John Ohanian] 14:34:52

Any other comments before. And right now. Okay, Okay. So slide 47, please.

[Helen Pfister] 14:35:02

So The second exception is the Federal closing to incorporate into the the California Pmp.

[Helen Pfister] 14:35:10

Here. Is that a participant's behavior will not be considered information blocking?

[Helen Pfister] 14:35:16

If the participant meets one of the sub-exceptions of the Federal information, blocking rules, privacy, privacy, privacy, exception.

[Helen Pfister] 14:35:25

It also states that if an individual or their representative requests healthy social services, information, then a participant that wants to deny that request only do so, if doing so as consistent with, take a long and the individual access policy that we that

[Helen Pfister] 14:35:40

we this year comments on that

[Helen Pfister] 14:35:53

Okay, next slide, please. So, moving on through the exceptions in the Federal rules, we're proposing this policy. also provide that a particular.

[Helen Pfister] 14:36:02

Okay, behavior won't be considered information blocking if they meet the conditions of the security exception in the Federal information blocking rules or of the in feasibility exception.

[Helen Pfister] 14:36:15

In the answer which broadly permit participating, engage in certain behaviors.

[Helen Pfister] 14:36:19

In order to check security of information or if sharon's in feasible, provided a certain very detailed requirements or met.

[Helen Pfister] 14:36:32

Okay, And then again, the Federals.

[Helen Pfister] 14:36:36

The policy provides that a participant behavior will be considered information blocking. if they meet the requirements of the health.

[Helen Pfister] 14:36:43

It exception in the Federal and the one sort of major tweet there is.

[Helen Pfister] 14:36:50

We are making clear that the health Ip almost exception, requires not just applause, not just the performance, not just the port, not just the performance of help.

[Helen Pfister] 14:36:59

It, but also to the performance of social so we're kind of aligning it with the definition of health and social, and see if that's about of the slide, You see the definition of health.

[Helen Pfister] 14:37:10

And so it It does track in large part the Federal definition, but does make it clear that it talks about not just health information, but also social services.

[Helen Pfister] 14:37:27

Okay, next slide, please, 2 more Federal exceptions that we are considering incorporating into the California.

[Helen Pfister] 14:37:36

Into into this policy. one is that the participants being behavior won't be considered information blocking.

[Helen Pfister] 14:37:44

If the proposal, the content and matter exception under the Federal rules

[Helen Pfister] 14:37:50

And the other is that a participant's behavior won't be information blogging if the particular that makes the licensing exception.

[Helen Pfister] 14:37:57

And this is an area where we did get feedback from the Dsa.

[Helen Pfister] 14:38:01

P. and P. subcommittees some of them did not think the licensing exception, should be available in the context of the Dx app that a participant shouldn't be permitted to require a

[Helen Pfister] 14:38:14

licensing agreement and or royalties. in connection with the data with the exchange of data under the under the Dx: So again, welcome anything else. that folks on this call may have on that the other thing I will

[Helen Pfister] 14:38:25

add, too, is the extent that you need that Just some of this and provide comments.

[Helen Pfister] 14:38:31

Future point during the public comment process or or after this meeting, we, of course, are are open to to receiving them

[John Ohanian] 14:38:43

We do not have any comments in the room. how or on the line.

[Helen Pfister] 14:38:47

Okay, in that case. So I seemed nothing in the chat, really.

[Helen Pfister] 14:38:53

So okay. So in that case I will turn over to Cindy to discuss real time data exchange.

[Cynthia Bero] 14:38:59

Thanks, Helen So, as you all know, many of the policies of procedures are seeing today.

[Cynthia Bero] 14:39:07

Were presented last week for some initial input and this one is the same.

[Cynthia Bero] 14:39:13

And so what i'm looking for today is some additional thoughts The wording you're seeing is as it was presented last week.

[Cynthia Bero] 14:39:20

But I can share with you some areas that we already have identified that need to to be reworked.

[Cynthia Bero] 14:39:30

So ab 1, 33 as you can see in this slide, indicates that the framework has to be designed to enable and require real-time access to or exchange of health information.

[Cynthia Bero] 14:39:41

The that sort of begs the need to define. What do we mean when we save real time?

[Cynthia Bero] 14:39:48

So if we could move to the next slide

[Cynthia Bero] 14:39:52

So what What we start by saying here is that the intent is that there should be no intentional or programmatic delay before data is shared.

[Cynthia Bero] 14:40:04

And this is very consistent with what you're seeing in from Cms.

[Cynthia Bero] 14:40:10

And other organizations is just a a desire to make sure that that there isn't anything preventing the sharing of information when it's available.

[Cynthia Bero] 14:40:20

And so Then this policy, like the others, would be effective.

[Cynthia Bero] 14:40:25

On January 30, first, 2,024.

[Cynthia Bero] 14:40:28

When date exchange begins on the framework, let me skip to the next slide.

[Cynthia Bero] 14:40:36

So Rim, just in a couple of speakers ago went through the transaction patterns and the concept of what's this real time mean?

[Cynthia Bero] 14:40:46

And how do we support the exchange of information is done here in the context of those transaction patterns and i'll point out here some areas where the feedback last week came, and suggest how we might modify this But the

[Cynthia Bero] 14:41:03

concept. if you if you're the transaction pattern is one where data is being delivered in response to an order or a request for services,

[Cynthia Bero] 14:41:15

The initial language here says that we would make sure that that information is shared as soon as it becomes available, or as soon as practicable, and no more than 24 h after delivery. i'm sorry after it's

[Cynthia Bero] 14:41:28

availability. The feedback that we received was okay in trying to introduce the definition of real time. We've now introduced 2 new concepts, which is as availability.

[Cynthia Bero] 14:41:40

When does it mean that that information is available? and Then also we've introduced the concept of 24 h?

[Cynthia Bero] 14:41:47

Why 24 h so based on the feedback we received.

[Cynthia Bero] 14:41:53

We are thinking of moving this more to the concept of without delay, that if if there's an order for services or request for services, and you have information available or information related to that or that request, it should be shared without delay, and leaving it

[Cynthia Bero] 14:42:10

in that kind of in in that kind of sense.

[John Ohanian] 14:42:16

Let me pause and see what folks think in terms of that transition from availability in 24 h to just share it without delay.

[John Ohanian] 14:42:26

Cindy. What one other point about that change it is, it would parallel.

[John Ohanian] 14:42:33

What Oc. has noted in its faq that's even Lane, hopefully pointed out in the last subcommittee meeting, so that this pivot would more align with any kind of Federal direction, around what real

[John Ohanian] 14:42:49

time might mean, since the Federal Government hasn't really specified what real time actually means.

[John Ohanian] 14:42:55

So this, I think, gets us as close to what, but when C is suggesting, should be we might embrace through their Faq, and they even have some specific kind of like description sub kind of use cases in the api queue which I think we

[Cynthia Bero] 14:43:10

can, by the way, adopt as well. Thanks, Jonah.

[Cynthia Bero] 14:43:15

I think the concept of without delay. avoids this sort of aspirational desire to define what real time means.

[Cynthia Bero] 14:43:23

I think it's it's a hard thing to define and I think the concept of sharing without delay, and, as you know, and not adding any sort of programmatic or intentional impediment to the information being

[Cynthia Bero] 14:43:36

shared is what we would focus on if we skip to the next slide.

[Cynthia Bero] 14:43:43

It it does. The exact same has same concepts that we originally went with, the, you know, as soon as it becomes available, or within 24 h.

[Cynthia Bero] 14:43:54

And again here this is for a query. we would say without delay. So again, make that transition to something that aligns better with the Cms position on this, and also doesn't try to introduce new concepts that we

[Cynthia Bero] 14:44:08

would then have to further define, and then we could skip to the next slide, which talks about the adt event that as a type of messaging here in this one, it it states that the transaction has to be

[Cynthia Bero] 14:44:30

shared or or sent at the time of the event again it's you know, if an admission to a hospital is what you're trying to convey, you want to send that information when the when the admissions of the hospital

[Cynthia Bero] 14:44:44

occurs. so let me pause and and see what everyone, you know, thinks feedback comments.

[Cynthia Bero] 14:44:54

It really would be turning to the concept of without delay for the query and the targeted send.

[John Ohanian] 14:45:03

And it would be, you know, at the time. of the event for the 80 I don't see any comments here or on zoom, but it looks like Troy might be.

[John Ohanian] 14:45:21

Oh, there we go right, Hi, Cindy, just to remove Samantha Judy.

[John Ohanian] 14:45:25

I think the first pnp that had adt specified.

[John Ohanian] 14:45:29

They're aligning with the cms notification rule I I don't know if that's what you mean to do here.

[John Ohanian] 14:45:37

In adt land there are like 8 types and They are not just hospital admission, discharge transfer.

[John Ohanian] 14:45:44

It's also potentially when you check into an appointment or a lab, or this or that which would be bigger chunk

[John Ohanian] 14:45:54

So i'm interested to know if this is meant to align with the previous that was focused on the hospital.

[Cynthia Bero] 14:46:01

It. It is a meant to focus on the acute care hostile in missing just terms of transfer events.

[Cynthia Bero] 14:46:11

These the these were These 2 Pmps were worked on simultaneously, and with some degree of coordination.

[Cynthia Bero] 14:46:19

But one of the things we also need to do is to harmonize the language and the words across both of them.

[Cynthia Bero] 14:46:23

But the intent is that this is just for the acute care events

[John Ohanian] 14:46:33

At. look like Kathy. you ever hand up? Go ahead!

[Cathy Senderling-McDonald, CWDA (Member)] 14:46:40

Yeah. Hi, everybody Kathy senderlying Mcdonald, Cwda, the County Welfare Directors.

[Cathy Senderling-McDonald, CWDA (Member)] 14:46:43

I understand, based on your answer to the previous question that this isn't intended to address this. But it it maybe sort of think about events that you may want to think about from a social services perspective for example, say down the line accounting human

[Cathy Senderling-McDonald, CWDA (Member)] 14:47:03

service agency is exchanging information with a hospital about a person's receipt of calfish benefits.

[Cathy Senderling-McDonald, CWDA (Member)] 14:47:13

That's the food stamp program Well, under what circumstances would we need to tell those prior requesters if someone was no longer on the program? if they were discontinued?

[Cathy Senderling-McDonald, CWDA (Member)] 14:47:28

For example, is it a one? and done when we think about social services, and so we don't need to share that stuff in the future.

[Cathy Senderling-McDonald, CWDA (Member)] 14:47:35

Or and maybe if there's an ongoing relationship they can check that box, or you know, I just wanna kind of put a pin and thinking through that, because the events that we're talking about on the social services side can be different

[Cathy Senderling-McDonald, CWDA (Member)] 14:47:51

and have different implications, I guess, than these types of acute hospital type of events that were all more, you know, definitely familiar with on the health side, so just wanted to throw that out there for a future.

[Cynthia Bero] 14:48:04

Thought, thank you that's a that's a great one and I will connect with my colleague rim and talk about whether that.

[Cynthia Bero] 14:48:12

How that affects the transaction patterns and what's required, and when it's required.

[Cynthia Bero] 14:48:19

This particular pmp is about the the speed of response, or or the speed of sending. but I think you're making some good points about the different scenarios and situations where informing someone proactively is important so Thank you

[John Ohanian] 14:48:38

So if there are no Yep: go ahead. Yeah, no further questions.

[Cynthia Bero] 14:48:42

At this point. Yes, so thank you very much, and I believe I turn things back over to Rim

[John Ohanian] 14:48:51

Thank you, Cindy. this is just a real quick note.

[John Ohanian] 14:48:59

In July we published the data data elements to exchange policy and procedure.

[John Ohanian] 14:49:06

There are 2 items that were updated and are already posted as the in the updated version for this policy and procedure on the website.

[John Ohanian] 14:49:15

First there the this policy and procedure miss putting in and effective date.

[John Ohanian] 14:49:23

And so the effective date of January, 30, first, 2,024 was added to a line it with other policies and procedures.

[John Ohanian] 14:49:33

The other correction was that specifically in intermediaries, the phrase, if maintained by the entity had not been included.

[John Ohanian] 14:49:45

And for the the data requirements for that particular entity.

[John Ohanian] 14:49:50

That was an oversight was not intentional and so that additional language was added there. it appears for all of the entities in that policy and procedure, and therefore should have been appeared for that one as well this is really just for

[John Ohanian] 14:50:09

anybody's information as I said those were administrative changes that were made to the policy procedure, and that that was updated on the website.

[John Ohanian] 14:50:14

And if you go to that policy procedure now, you'll find the version with these changes to it, and the patient date and version number indicate that that is an updated pause, there to see if there are any questions about that

[John Ohanian] 14:50:34

If not that's all that we had on that and I think we pass it on to Cindy for the Qh lo program.

[Cynthia Bero] 14:50:49

Thank you, Ram So good to see you all again, and have another opportunity to share with you how the work is progressed.

[Cynthia Bero] 14:50:57

Progressing on the Qh lo program when we met in the past.

[Cynthia Bero] 14:51:01

I think we provided you some overview of the the program, and meant much of the conversation today about the pnps will help shape the final steps in designing the expectations for Qh.

[Cynthia Bero] 14:51:16

lo and the application process that will follow what i'd like to do today is just to sort of refresh our memories about what and h ios are all about what's guiding this and then to to surface some key

[Cynthia Bero] 14:51:31

concepts that seem to be emerging to get your feedback and thoughts, so we can move to the next slide.

[Cynthia Bero] 14:51:38

So this is a just a refresher just to make sure we're, all using our terms.

[Cynthia Bero] 14:51:42

The same way in hio, as you know, as an organization that provides services to help support the exchange of health information, and it functions as a as an intermediary, helping organizations to initiate receive and reply to request

[John Ohanian] 14:51:58

for information. The qualified Health Information Organization, or Qh. lo is an hio that has demonstrated their ability to meet the requirements of the date exchange framework, and by qualifying these organizations we hope to make clear to

[Cynthia Bero] 14:52:14

signatories of the Dsa. you know which organizations are prepared to work with them, to help them meet their obligations to the to the Dsa.

[Cynthia Bero] 14:52:26

So why don't we go forward one more slide you know we've talked about the criteria for qh io.

[Cynthia Bero] 14:52:36

And in the past we've referenced these guiding principles.

[Cynthia Bero] 14:52:39

I just wanted to put them up quickly again. We really want to make sure that the program establishes a level of confidence and trust in the quality of the service of the Qh ios.

[Cynthia Bero] 14:52:49

So that sayatories can feel good and prepared and ready to to participate in the Dsa.

[Cynthia Bero] 14:52:56

With the services. We want the program to be fairly stable, so that both the Qh lo and the signatory can make good business decisions about how to proceed and how to exchange data.

[Cynthia Bero] 14:53:11

We want the program designed to be fair, so everyone has a reasonable time to adjust and adapt.

[Cynthia Bero] 14:53:17

And lastly, we want the program to reflect equity and to make sure that we're offering opportunities for all signatories to be successful in the data exchange framework again.

[Cynthia Bero] 14:53:29

You've seen these before, but just always like to sort of use that as a starting point for conversation.

[Cynthia Bero] 14:53:37

What I really want to focus on is the next 2 slides and I'm gonna go through 3 concepts on each slide and then pause and ask for your feedback.

[Cynthia Bero] 14:53:47

The next slide shows 3 of the first 3 corps concepts.

[Cynthia Bero] 14:53:54

One of these is that the Qh los will be expected to sign the Dsa.

[Cynthia Bero] 14:53:59

And, like everybody in the Dsa, followed these Dsa.

[Cynthia Bero] 14:54:04

Policies of procedures. This is a establishing a data exchange ecosystem, and we have to make sure that everyone who participates and plays in the ecosystem.

[Cynthia Bero] 14:54:15

Does so by the same set of rules and So that's a core concept to me is that the Qh. lo.

[Cynthia Bero] 14:54:22

Will sign the Dsa. and follow the policies and procedures.

[Cynthia Bero] 14:54:28

Second concept. We want the Qhios to be organizations that are incorporated in the United States and follow the many of the rules and around protecting information and managing information that exist in our country.

[Cynthia Bero] 14:54:45

But we also want them to have experience in California and to have current customers who are working with them in in the State of California, because we, we believe that understanding the California healthcare and social services environment is important.

[Cynthia Bero] 14:55:03

And then the third concept here is that those transaction patterns and technology standards that room was describing earlier.

[Cynthia Bero] 14:55:13

A Qh. lo needs to support and be prepared to help signatories with all of the transaction patterns and all of the technology standards reflected in those in that pnp.

[Cynthia Bero] 14:55:25

It's not like I do I do a but I don't be, do B or I do see but I don't do a

[Cynthia Bero] 14:55:34

We really need the qh lo. to be capable in all areas.

[Cynthia Bero] 14:55:36

Let me pause and see if there's any thoughts or feedback on these 3 concepts.

[John Ohanian] 14:55:46

A couple. So far. So the first is from Ali. Yeah, thank you.

[Ali Modaressi] 14:55:52

Questions regarding core concept number 2, seems like it's kind of abroad and kind of neglects what I would call or describe as a trust factor.

[Ali Modaressi] 14:56:06

Because if I think previously we discuss about you know, the criteria would be for non profit organization that our mission remained and aligned with.

[Ali Modaressi] 14:56:19

You know what the data exchange framework are within the California.

[Ali Modaressi] 14:56:23

Now, if you want to expand it to United States that's fine but I think, in non no profit community based organizations are more aligned with what the the State is trying to achieve here.

[Ali Modaressi] 14:56:38

There is a there's there's a lot of information that the the regional H.

[Ali Modaressi] 14:56:45

I was in in California right now. handle, including the you know, access to the public health and the behavior health.

[Ali Modaressi] 14:56:51

Stoh that some of the you know, vendors or publicly traded organizations are.

[Ali Modaressi] 14:57:00

How so they don't have that data and and they have a different purpose.

[Ali Modaressi] 14:57:06

And in terms of maybe monetizing the the data.

[Ali Modaressi] 14:57:09

So I think that's the kind of slip slippery slope.

[Ali Modaressi] 14:57:15

You know, if this State is having vendors, and publicly traded organizations put participating as A.

[Ali Modaressi] 14:57:24

Q. H. I. they may be able to participate as A.

[Ali Modaressi] 14:57:28

As a hio. but as a qh I think state needs to be careful about opening that door, and and then I have further comments.

[Ali Modaressi] 14:57:38

But i'm gonna i'm gonna pause here, because I don't know how much time we have for this.

[Ali Modaressi] 14:57:42

But this is There's a lot going on in in you know the core concept.

[Ali Modaressi] 14:57:49

Number 2 is is critical, and I think we may have a robust discussion around it.

[Cynthia Bero] 14:57:53

Thanks Ali. Other other comments on that

[Cynthia Bero] 14:58:06

Let me let me jump in and address one I think that the You mentioned the concept of other organizations trying to monetize the data.

[Cynthia Bero] 14:58:19

I don't think that people can like an hio can hold data unless they're doing it on behalf of someone.

[Cynthia Bero] 14:58:27

They the fact that they're you know a participant in an intermediate intermediary, and exchanging the data meeting.

[Cynthia Bero] 14:58:35

They have a role in helping to share it, but they do not have the authorization to then store it and use it.

[John Ohanian] 14:58:45

I just to to clarify that I think we specified in a previous policy. there.

[John Ohanian] 14:58:51

There are some prohibitions about generating revenues it's not prohibiting an hio from storing data or from monetizing it.

[John Ohanian] 14:58:58

But for sailing for selling it for different distinct purposes it's not allowed.

[John Ohanian] 14:59:05

Would not be allowed in in in our policy. So I I think it.

[John Ohanian] 14:59:11

It does. Our current policy allows for storage.

[John Ohanian] 14:59:14

The other consideration is around the security policies that our Hiv will be required to adopt, and are being considered, including requirements around certification, whether it's high Trustee Mac or something else that would apply to

[John Ohanian] 14:59:30

any hio whether it's for profit not for profit California based based in I don't know Rand Wisconsin, for example, some state where they might so we're trying to allow for different types of organizations

[John Ohanian] 14:59:47

to qualify, as long as they here, to all of the security, privacy, data, exchange, transaction, pattern, and other requirements

[Cynthia Bero] 14:59:59

Very nice. Oh, oh, did you want it? Was this a follow up that you wanted to respond to that?

[Ali Modaressi] 15:00:08

Yeah. and and there are a couple of consideration. One is that you know the publicly traded organizations are subject to merge their acquisitions.

[Ali Modaressi] 15:00:20

So you know, when they change hands. So you know, the policies change and and just concerned about sharing data with the organizations that are sharing help data with organizations that have a different mission then then the the

[Ali Modaressi] 15:00:37

regional H. I was there, there's a reason where is there with that there's regional h ios because of that trust factor.

[Ali Modaressi] 15:00:43

Co. You know the the stakeholders within the region coming together and sharing data based on the trust that has been established in in that region.

[Ali Modaressi] 15:00:55

So that's one aspect the other aspect of it is is that if if lanes becomes like Q. H.

[Ali Modaressi] 15:01:00

I. O, I think our stakeholders are participants would be concerned about planes sharing this with another.

[Ali Modaressi] 15:01:11

Qh io. that's not nonprofit or is for profit that has already been expressed even even when there there was no private organization exchanging with other issues.

[Ali Modaressi] 15:01:24

But but that is a as a concern that as a Qh. li.

[Ali Modaressi] 15:01:30

We have to exchange data with another Q. h I that's not the community base.

[John Ohanian] 15:01:36

Thank you. Hello, Laurie. yeah. I think just a further what's been stated that getting back to the fairness principle.

[John Ohanian] 15:01:49

I think the community h ios, or the nonprofits that have been formed and been serving in communities for the class or 15 years.

[John Ohanian] 15:01:59

They are the ones that are bringing fairness and bringing to social services and capability to share data.

[John Ohanian] 15:02:05

We you know we heard from San bernardino how they're able to share data to their local hio.

[John Ohanian] 15:02:13

That's a non not for profit so I I just wanna make sure that that that is something that we've been suggesting.

[John Ohanian] 15:02:21

The should stay on the the table for consideration.

[John Ohanian] 15:02:27

And then, having item number 3, the qh ios support all types of transaction patterns.

[John Ohanian] 15:02:34

I I think that needs to be relative to the needs of their participants.

[John Ohanian] 15:02:38

So. rather than forcing a venue of everything.

[John Ohanian] 15:02:43

Think of. I really think it it should be supporting whatever the transaction patterns.

[John Ohanian] 15:02:52

They're they're clients are looking and and maybe that's direct.

[John Ohanian] 15:02:57

Maybe that's some on the fire, whatever it is that whole range. So so, if you don't mind, can I get a little clarification? I think that for the most part this was pointing back to technical requirements.

[John Ohanian] 15:03:15

Pmp. we talked about, and those requirements there are you suggesting that there might be Qhios that don't fulfill some of those as opposed to every standard that you can possibly imagine because that's not what we're thinking

[John Ohanian] 15:03:30

about requiring here I wanna make sure that I enter where we're at in the current policies. we're trying to accomplish.

[John Ohanian] 15:03:42

I think that that's certainly doable and should be supporting it's the timeline of what could be, and 2 years from now is all of a sudden i've been it wasn't required to fire when not necessarily

[John Ohanian] 15:03:58

be Thanks. Yeah, Thank you. Yep Kathy. Please go ahead.

[Cathy Senderling-McDonald, CWDA (Member)] 15:04:07

Oh, sure, hi on item number 3 I just had a question, or maybe a question and comment.

[Cathy Senderling-McDonald, CWDA (Member)] 15:04:15

I'm not familiar enough with the types of organizations that would do Hiv work to know whether, by putting this particular requirement in that, if you're going to do it, you have to do what all are we xing out some of the types

[Cathy Senderling-McDonald, CWDA (Member)] 15:04:34
of organizations that the others have been talking about here.

[Cathy Senderling-McDonald, CWDA (Member)] 15:04:39
Do some nonprofits, for example, perhaps you some of the work that's required, or work with some of the types of organizations, but not all.

[Cathy Senderling-McDonald, CWDA (Member)] 15:04:50
And would that mean that they're frozen out in favor of maybe a smaller number of larger organizations.

[Cathy Senderling-McDonald, CWDA (Member)] 15:04:56
I I don't necessarily know whether i'd have an overriding concern about that.

[Cathy Senderling-McDonald, CWDA (Member)] 15:05:04
But I assume that I would have some concerns about that without at least having a conversation around the implications of this particular requirement.

[Cathy Senderling-McDonald, CWDA (Member)] 15:05:13
So I just wanted to see if we could either have that conversation now, or perhaps get some more information for those of us on this group who may not be as familiar with what that implication would be.

[Cathy Senderling-McDonald, CWDA (Member)] 15:05:26

On on this particular one

[Cynthia Bero] 15:05:31
Yeah, thank you. I think that the the challenge I have is that i'm thinking about the signatory who does not have an hio today.

[Cynthia Bero] 15:05:43
And is looking to see who do I who do I pick who's gonna help me.

[Cynthia Bero] 15:05:50
And and if they have to take on the burden of fearing out who does, which transaction patterns and follows which standards it becomes much more difficult for the signatory to make it an informed decision about who can help them so by

[Cynthia Bero] 15:06:03

saying that all qh ios can support all of the transaction patterns defined.

[Cynthia Bero] 15:06:11
Feels to me like it creates a little less confusion for the person looking for services

[John Ohanian] 15:06:23
And see some other hands raised. Mary Aaron Yeah, Absolutely.

[John Ohanian] 15:06:31
Thank you, Cindy Jonah. actually, I wanna continue that very helpful reminder.

[John Ohanian] 15:06:36
Or But, Bob, that you put in there, Cindy, which is, you know, the issue of simplification of choice.

[John Ohanian] 15:06:41

And remember, this is a choice. Nobody, under any circumstances, is going to be required.

[John Ohanian] 15:06:48

Use a qh io. the Q. Ao. as we understand it, is going to be a set up options that the State has vetted that to meet the requirements, or to be able to help organizations

[John Ohanian] 15:07:01

meet the requirements under the Dsa. and to that point, you know, I think there actually is a strong argument for there being at least a basket of a baseline requirements.

[John Ohanian] 15:07:12

That Qh. A. should be required to support one thing that I want to ask about.

[John Ohanian] 15:07:21

Add on to is that under concept 3 we've got transaction patterns. the technology standards what I don't see there, and I don't know whether it's implied is also like required purposes as a defined under

[John Ohanian] 15:07:30

the Pmps. What i'm thinking about are things like you know treatment, payment operations right right now to the point about other entities.

[John Ohanian] 15:07:40

That are outside of California. some of those national networks.

[John Ohanian] 15:07:44

As we know today. do not actually typically respond to queries for purposes, outside of treatment or under the Dsa.

[John Ohanian] 15:07:53

You know the difference in California is absolutely a health plan or an ipa that wants to receive information for a legitimate payment or operations Purpose should be able to get that information sent to them.

[John Ohanian] 15:08:06

So I think you know that's just basically expand upon the idea of the Qajos having to satisfy some really you know, foundational keep capabilities to be able to have a robust program put in place for

[John Ohanian] 15:08:23

the State. 2 recommend point towards right, for those are new to data.

[John Ohanian] 15:08:27

Exchange The last thing I wanted to say is that again?

[John Ohanian] 15:08:31

Thank you that to Cdi for incorporating equity as a guiding principle for the Q. Ao.

[John Ohanian] 15:08:37

Program. I think to close the loop on the points I just made

[John Ohanian] 15:08:44

I think a big part of equity is also a secretary. Golly pointed out, like keeping in mind what all this work is for, and and a lot of it rounded and popping make equity driving initiatives like calling successful so I would love for the

[John Ohanian] 15:08:56

state to consider, you know which type of partners would actually be most equipped to help Cbos health plants.

[John Ohanian] 15:09:04

Care team succeed a Calen among other initiatives when it approaches the

[Cynthia Bero] 15:09:08

The concept of equity for the program. Okay, Thank you very much.

[John Ohanian] 15:09:17

Okay, try Hi! I'm gonna come in on bullet points 2 and 3.

[John Ohanian] 15:09:25

I recognize 2 looks very familiar from what the tech requires that organizations be in the United States.

[John Ohanian] 15:09:35

I think it's reasonable I have exchanged customers in California.

[John Ohanian] 15:09:39

And I support that because there are certain values, certain valuable things you can get for your patients only by connecting with certain national networks, such as E Health Exchange, allows the social security administration query which helps our

[John Ohanian] 15:09:59

homeless patients get, you know, their determinations for just security more rapidly.

[John Ohanian] 15:10:06

Therefore I think number 3 since we're planning for the future. and you know, if you're gonna plan a redwood, you better have a lot of room around it.

[John Ohanian] 15:10:16

I think that might be a little too restrictive in that.

[John Ohanian] 15:10:20

There is a way that different entities that might be.

[John Ohanian] 15:10:28

Qh. los might need some meet needs better than others.

[John Ohanian] 15:10:32

It might depend on your geography where exactly you are.

[John Ohanian] 15:10:36

And then I want to allow growth for the Qh ios himself.

[John Ohanian] 15:10:41

Some, perhaps, or only geographically based now, but they could grow onto some multi-state thing.

[John Ohanian] 15:10:50

So I think there would be, I would rather allow room for, and entity to perhaps meet its needs with more than one Qh. io.

[John Ohanian] 15:11:01

Depending on what they have on offer it's otherwise, like expecting one restaurant to provide at all.

[John Ohanian] 15:11:09

I think there are strengths that different qhos will have is what I think.

[Cynthia Bero] 15:11:14

So that's my comment. Thanks thank you

[John Ohanian] 15:11:23

Okay. Thank Thank you, Troy. And then Aaron: Yeah.

[John Ohanian] 15:11:28

So just to follow up on that idea of the choices that participants are gonna have to make.

[John Ohanian] 15:11:37

If if we make it a core concept that the Qh. ios have to play this role at the central pub of these transaction patterns and routing them to the other.

[John Ohanian] 15:11:48

Qhitos within the network. Then the the participant gets to choose from.

[John Ohanian] 15:11:56

You know, whatever wide variety of Qh ios out there, whichever one they choose, they get access to the entire network.

[John Ohanian] 15:12:02

I think that's that's important instead of silo qhios that have benefits of their data.

[John Ohanian] 15:12:11

We really want them all to be working together, so that when we participate we get the benefit of the entire network.

[John Ohanian] 15:12:18

And I I think that would be a really strong core concept to to add to this along with adding it into the individual transaction pattern policies themselves.

[John Ohanian] 15:12:31

Thank you. I think we will. You will see where we are going with that port.

[John Ohanian] 15:12:36

Qh io interaction the the group agrees that's the that's appropriate policy.

[John Ohanian] 15:12:45

And then I think the end they grow up. Thanks number 3 to me.

[John Ohanian] 15:12:50

The word all worries me, and it seems that it should fit under Number One like to number One to me is clear, and points everything.

[John Ohanian] 15:13:02

Number 3 to me, seems like it fits right under there.

[John Ohanian] 15:13:06

Therefore redundant number 2 I worry about the word customers. I I don't feel in here's time.

[John Ohanian] 15:13:13

We hear much of that term customers, so consideration for the word participant, or something else. maybe call upon the lawyers because i'm not a lawyer.

[John Ohanian] 15:13:24

I worry about incorporated and customers and all and a lot of good comment in the Q.

[John Ohanian] 15:13:32

A so hopefully for the powers that be be leaning on that after the meeting moving forward because there's a lot of excellent comments there.

[John Ohanian] 15:13:41

Thank you. Okay. Great comments. We have 3 of the 6 core concepts.

[Cynthia Bero] 15:13:49

Covered. We now have 3 more, so we may have many more comments about the rest of the concept. So why don't we go ahead, Cindy?

[Cynthia Bero] 15:13:58

Thank you. so we could go, and this is great conversation, and I appreciate all the feedback.

[Cynthia Bero] 15:14:04

If we can go that That's it great so the The next concept really gets to the onboarding grants that you that you heard about from Juliet, and this is the concept that says you know a Qhao needs to

[Cynthia Bero] 15:14:20

submit onboarding Grant requests on behalf of interested in eligible signatories.

[Cynthia Bero] 15:14:26

I think that we just wanna make sure that is your is a signatory is looking at Qh.

[Cynthia Bero] 15:14:33

los, and looking at who services can help me meet my Dsa. obligations if they are eligible for a an onboarding.

[Cynthia Bero] 15:14:41

Grant that that Qh: A. will work with them to help secure grant funding Number 5 really is that we want this to be an established organization, not a brand new startup.

[Cynthia Bero] 15:14:54

We were looking for an organization that has existing operations that is financially stable and has reasonable levels of insurance for in particularly cyber insurance.

[Cynthia Bero] 15:15:07

And then the last point here is that this also needs to be an organization that has, you know, policies and procedures in place, and a lot of the details underneath.

[Cynthia Bero] 15:15:17

All this will, will, you know, be spelled out in in our next meeting.

[Cynthia Bero] 15:15:21

But really that they have policies and procedures in place to safeguard the health and social services information that they really care about.

[Cynthia Bero] 15:15:29

You know data security, and privacy and it's reflected in their organization.

[Cynthia Bero] 15:15:36

So again let me pause. This is the second set of 3 Y.

[Cynthia Bero] 15:15:42

So these are the just love to get your thoughts and feedback.

[John Ohanian] 15:15:47

Start with David. Please go ahead. Hi i'm looking at the interplay between concept 5 and concept 6.

[David Ford] 15:16:00

I understand in concept 5 financially stable. and reasonably ensured that. wanna make sure this is the financially stable entity that's going to be around for a long time.

[David Ford] 15:16:08

I guess i'm wondering about that phrase information management operations?

[David Ford] 15:16:11

And how is that different from concept? 6 where we're saying they have to have policies and procedures to safeguard health and social services?

[Cynthia Bero] 15:16:19

Information. So I think the thinking in number 5 is We wanted to make sure that this is an established organization that has experience doing some information, management services, and operations that they've they've done this before they're not a

[Cynthia Bero] 15:16:36

startup and the the number 6 is really about. You know how, in place, the policies and procedures that reflect good, you know, secure data management respecting privacy.

[Cynthia Bero] 15:16:53

So the number 5 is more organizational, financial and Number 6 is more about policy and procedure.

[David Ford] 15:16:59

Got it? Okay, Thank you.

[John Ohanian] 15:17:06

I I I of a lot of comments about this.

[John Ohanian] 15:17:09

But on behalf of the association but I think it's there's nothing to disagree with.

[John Ohanian] 15:17:16

It sounds perfect is a core concept. i'm just curious in terms of the timeline of how we're going to establish the criteria in the next 3 days during a holiday in order to get rollout a qh

[Cynthia Bero] 15:17:33

lo program it's. just in terms of timing we really need to see the details, and that's why i'm worried going to the next slide.

[Cynthia Bero] 15:17:47

I was gonna say, we are your plant in the audience we can go to the next line.

[John Ohanian] 15:17:53

So what we're you know we have been putting together some thoughts around the criteria.

[Cynthia Bero] 15:17:59

But to be quite honest, a lot of these criteria are dependent on the policies and procedures we discussed earlier in today's agenda.

[Cynthia Bero] 15:18:08

So we can't really finalize things. until we get some of those policies and procedures finalized because the Qh lo program is heavily dependent on them.

[Cynthia Bero] 15:18:16

But we're hoping that you know the end of this month so you could tell.

[Cynthia Bero] 15:18:20

I'm gonna have a really exciting holiday period. but during the end of this month we'll start to finalize some of the criteria.

[Cynthia Bero] 15:18:28

We can share it with you in January.

[Cynthia Bero] 15:18:32

And then, towards the end of the month, in January, we would start to publish and share the Qh.

[Cynthia Bero] 15:18:38

lo application and run some test tests of the application process.

[Cynthia Bero] 15:18:44

And then we would incorporate the feedback from the

[Cynthia Bero] 15:18:49

The the public comment and the test, and post it for actual, like real applicants.

[Cynthia Bero] 15:18:55

In February, and with a desire to have the responses back in March Review.

[Cynthia Bero] 15:19:02

The applications in April, and amounts the first qh ios.

[Cynthia Bero] 15:19:06

In May. This is what we're driving toward but a lot of this is very dependent on getting these, you know policies of procedures, particularly in the ones that have a lot of dependencies on the Qhios getting those

[John Ohanian] 15:19:23

finalized. Sorry back to your question and point We will need some interaction.

[John Ohanian] 15:19:32

And January with this group, and with stakeholders about those criteria, because you have not seen detailed criteria yet.

[John Ohanian] 15:19:39

And not only is the are the Pp. sort of intertwined, but the Grant program is interlined with the requirements, so we can't have a Qh lo program where organizations are going to on board to do hia until

[John Ohanian] 15:19:52

we have these. So we break. So we have kind of free, overlapping sets of dependencies which you are right.

[John Ohanian] 15:20:00

December is not going to be feasible, to finalize and publish, but we will have drafts, and we will be to invest time with stakeholder ring to get input, including ideally getting a couple of

[John Ohanian] 15:20:16

volunteer organizations who might be able to help run some traps and test some of the requirements for feasibility.

[John Ohanian] 15:20:29

And and definitely I know up for keep organizations.

[John Ohanian] 15:20:34

I would be able to do the application process this just the I guess my concern is when we're trying to roll out the grants to support onboarding and selection, and and so and she won but you don't know

[Cynthia Bero] 15:20:50

who you pick from till May I don't know I'm, looking at John, make this work

[John Ohanian] 15:21:13

I think you fully appreciate great. Are there any other? Ali?

[Ali Modaressi] 15:21:23

Yeah, please go ahead. Yeah. Similar comment, too. to laurie's concern about the timeline and the the impact of that to our existing business, because it's kind of freezing

[Ali Modaressi] 15:21:37

You know folks are waiting to see who becomes qualified who is not qualified.

[Ali Modaressi] 15:21:40

So it does have impact to our tool our current business people are holding up to see what's what's coming up.

[Ali Modaressi] 15:21:50

Pointed out that yeah, there is there is concern about that from from Hiv in general in California.

[Ali Modaressi] 15:21:58

The other point I wanted to make is regarding the

[Ali Modaressi] 15:22:01

The core concepts, and there was no mention of the governance in in the cool concepts.

[Ali Modaressi] 15:22:08

And I think that's important what time aspect of h ios and and again it goes back to that trust, and at within, within, with the participants that they share their data with us. and and they wanna make sure

[Ali Modaressi] 15:22:25

that is secure and and permissible use of the data is agreed with.

[Ali Modaressi] 15:22:32

Each of these participants so that's that's the key in our business, and I would like the Cdi to consider the oldest aspects of the the operation side of the Hiv and and the governance and the

[Ali Modaressi] 15:22:50

trust between the participating organizations. there was a mention about a health exchange, and you know, care, quality, hope.

[Ali Modaressi] 15:22:59

Those really have value, and I think we should be able to connect with them.

[Ali Modaressi] 15:23:03

But i'm not sure if there would be a right qualified h ios so So just wanna put that out there that there are concerns about sharing data with vendors that our participants have already

[Ali Modaressi] 15:23:22

expressed, and if they become a qualified hio we would have some some concerns from our participants and stakeholders.

[John Ohanian] 15:23:31

Thank you. Thank you. Ali

[Cynthia Bero] 15:23:41

There are no other questions or comments. I think I turn things back to John.

[John Ohanian] 15:23:48

Okay, i'm just gonna have jona jumped in here, and then we'll Yeah, I I think there were there are a couple of comments that just were in the at the end you mentioned these there in either the chat or

[John Ohanian] 15:23:58

the or the Q. A. That we will really need to consider.

[John Ohanian] 15:24:04

One is a fair amount. First of all like. the nonprofit for prop, that we totally understand some of the concerns we are trying to balance what we What we're seeing, for example, with teeth got which does not have

[John Ohanian] 15:24:19

restrictions about the corporate status, but does have requirements around things like financial.

[John Ohanian] 15:24:27

The viability and sustainability. and again, our principle to align with as much as possible Federal requirements.

[John Ohanian] 15:24:34

Rules, policy remains. And so we have have to really thanks very carefully, and also not to be so restrictive on requirements that we leave it to only a few who might qualify you go back to the original intent that having A. Q. H. I O.

[John Ohanian] 15:24:49

Program. It is primarily to support organizations that by themselves will be significantly challenged to meet the requirements set forth in the data exchange framework.

[John Ohanian] 15:25:01

It is not intended for every institution to connect to a Qh.

[John Ohanian] 15:25:05

lo, we're really looking at the to your point equity principles, and making sure that we have given everybody an opportunity to meet the requirements and share information to address the needs of all Californians.

[John Ohanian] 15:25:20

So we want to. We need to balance all of those things when thinking the requirements for qh ios for profit, not for profit, and including as many of the comments were made in again the Chat. and Qh.

[John Ohanian] 15:25:34

And the Q. and A. should qh aos be required to meet all of the transaction patterns again.

[Ali Modaressi] 15:25:42

Something that we have considered, we will continue to consider, should it be all or some

[John Ohanian] 15:25:48

At this point we are. we are, really aligning. But

[John Ohanian] 15:25:53

Behind all all transaction patterns and we'll consider continue to consider that as one of the core requirements, those are some of the notes, there's a lot of other Q.

[John Ohanian] 15:26:04

A in here. A lot of other comments continually sort of popped up.

[John Ohanian] 15:26:09

But I noted, is there anything else that other members of the team noted and want to comment on before we go to our public comment period, any final comments from the group before we go into public?

[John Ohanian] 15:26:26

Comment. Okay, violence is holding let's go to slide 62.

[John Ohanian] 15:26:32

We are going to open public comment. Please note that individuals in the public audience to have a comment may insert it in like Q. A.

[John Ohanian] 15:26:40

Which I know many of you have otherwise please physically raise your hand. If you're on the room, if not use the raise hand feature in zoom, and you'll be called upon in the order that your hand was raised please state your

[John Ohanian] 15:26:51

name and affiliation, and please keep your comments brief and respectful.

[John Ohanian] 15:26:58

We will First we'll recognize individuals for a on site See that if their hand is physically raised, they'll look around the room, hey?

[John Ohanian] 15:27:06

No one raising their hand in the room so Emma I will ask you if there's folks on Zoom wanna Do a couple of comment that they go ahead and take care of that down great.

[Emma P - Manatt Events] 15:27:18

We have no hands raised at this time Oh, i've got one here

[L. Johns] 15:27:27

Al Jones, you should be able to unmute. Thank you.

[L. Johns] 15:27:31

Hello, everybody! I made a number of comments in the Q.

[L. Johns] 15:27:35

A. that I hope will be considered eventually. I just want to highlight one about the ability of a patient to opt out of data.

[L. Johns] 15:27:45

Sure. Will there be a P. and P. about this

[John Ohanian] 15:27:58

Did you hear me? We did. we're just taking public comment Sorry.

[John Ohanian] 15:28:05

Okay, thank you for that Great. Thank you. next up we have Brandon Bullock, friend, and you should be able to unmute.

[Brandon Bullock-IEHP] 15:28:21

Thank you so much. Brain and bullock within the Empire health plan.

[Brandon Bullock-IEHP] 15:28:26

Just 2 quick comments. We first wanted to express support for draft.

[Brandon Bullock-IEHP] 15:28:30

The draft language includes in the technical requirements that would require every hospital to send ads to at least one queue.

[Brandon Bullock-IEHP] 15:28:38

Qh. io. So is people being strong support of that.

[Brandon Bullock-IEHP] 15:28:42

Secondly, we also wanted to echo and kind of support.

[Brandon Bullock-IEHP] 15:28:48

Comments that were previously made that the Q. H. I. O.

[Brandon Bullock-IEHP] 15:28:51

Program criteria should include that the Q. H. I. O.

[Brandon Bullock-IEHP] 15:28:54

Should be California based mission driven and nonprofit work, and preferably a nonprofit organization.

[Brandon Bullock-IEHP] 15:28:59

The reason for this is this: We believe that they have demonstrated the ability to prioritize and serve.

[Brandon Bullock-IEHP] 15:29:03

Medicare metacal plans, such as our our network providers, and they have a better understanding of the various requirements.

[Brandon Bullock-IEHP] 15:29:10

Expectations under Calen. Thank you so much.

[Emma P - Manatt Events] 15:29:15

Thank you for your comet, John Halby. you should be able to unmute.

[John Helvey] 15:29:24

Thank you. I just wanna thank this committee for all the work that they're doing.

[John Helvey] 15:29:27

This is a very difficult challenge in front of us, and go to the timeframes.

[John Helvey] 15:29:34

I would just hope that many of the comments that have been made in the chat will be taken into consideration.

[John Helvey] 15:29:41

I I really wanna appreciate the opportunity for us to be heard.

[John Helvey] 15:29:44

This khos. I think that California has invested a lot of dollars in the current exchange of data.

[John Helvey] 15:29:54

That we need to leverage and continue for to build and move us forward towards a more patient-centered data home model.

[John Helvey] 15:30:01

And so I just wanna thank you for that. And appreciate all the hardware you guys are doing.

[John Ohanian] 15:30:06

Thank you. Thank you, John.

[Emma P - Manatt Events] 15:30:15

No additional hands raised at this time. Okay. So building on where John left off in this public comment, I just wanna let you know that we absolutely are taking all of your all of your comments into consideration.

[John Ohanian] 15:30:30

We have a team that really does take everything that you've brought today.

[John Ohanian] 15:30:37

We we dig in and figure out how we can best accomplish what you're expressing as well as allow this thing to move forward. I get a little chuckle being a state employee, and being told that we're

[John Ohanian] 15:30:48

moving too fast i'm glad. I want to continue that that feeling that people feel like we're moving fast, and in 17 short months.

[John Ohanian] 15:30:59

This is where we are, and imagine where we're gonna be 17 months from now.

[John Ohanian] 15:31:02

So. with that I just continue to encourage you to stay.

[John Ohanian] 15:31:05

Connected. If the a number of these comments were great to kind of kick off, maybe conversations, we should do deeper dives on.

[John Ohanian] 15:31:12

So please, as always. if you have a comment if someone you're speaking to have a concern, you know my number, you know, My, email, I will make time to get on a call and and dig into these with with all of you I want you to

[John Ohanian] 15:31:24

feel like this is a true partnership and that we're not waiting for meetings to just hear from you.

[John Ohanian] 15:31:28

So please stay in touch couple of dates. Just keep in mind if we can go to the next slide.

[John Ohanian] 15:31:34

Slide. 64 January sixth is part 2 of a number of the discussions that we've had related to the U.

[John Ohanian] 15:31:43

Hio and the Pmp. So this guy got used some good things to think about over your holiday meals and come back.

[John Ohanian] 15:31:51

Well, the participate in that. for so that January sixth is our Dsh.

[John Ohanian] 15:31:56

Finding Portal Town Hall. I apologize January tenth is our next lc. meeting, where we'll be tackling the Pmps into Hiv and January 26 busy month in January

[John Ohanian] 15:32:07

we're going to get the pmp data sharing agreement subcommittee back for meeting Number 3.

[John Ohanian] 15:32:13

So you can see we are taking a quick break for a week and we're gonna jump back in, and January is going to be a busy month.

[John Ohanian] 15:32:21

But I just want to thank you all once again I want to wish you all a healthy and safe holiday season, and thank you for all you're doing to improve the well-being of California.

[John Ohanian] 15:32:31

And this concludes our data exchange framework implementation.

[John Ohanian] 15:32:34

Advisory Committee Number 3. Thank you for the Note about the budget.